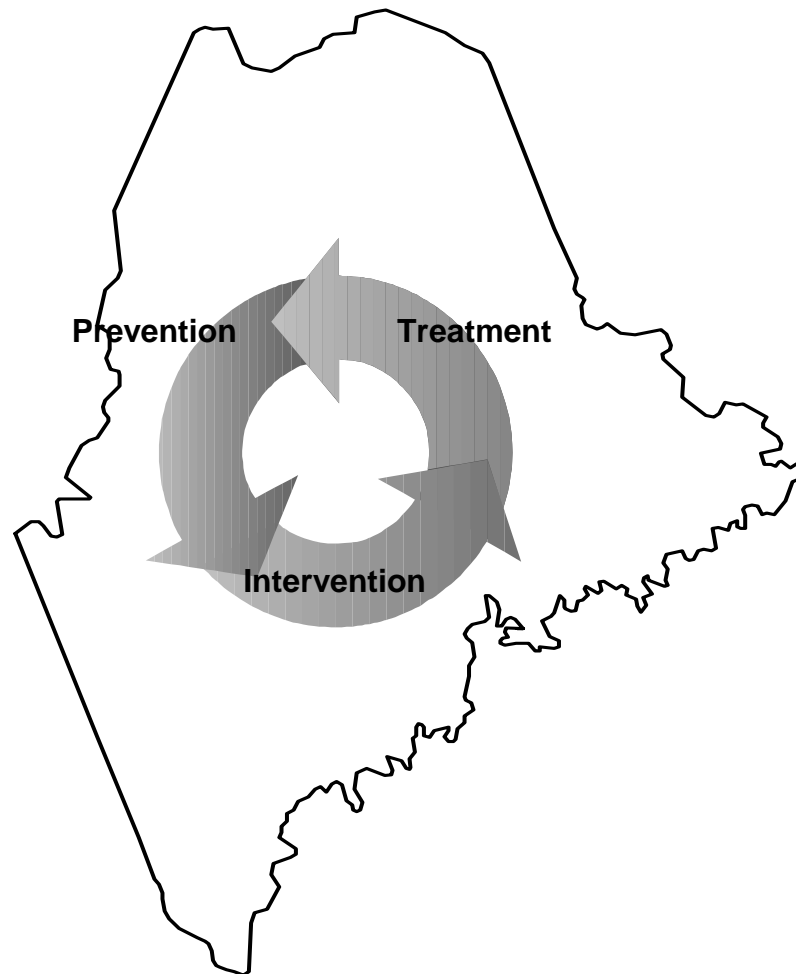


State of Maine

Substance Abuse Treatment Needs Assessment: Round II



Study 1: Substance Abuse and Treatment Needs Among Maine's Temporary Assistance for Needy Families (TANF) Population, 2000

CSAT
Center for Substance
Abuse Treatment
SAMHSA

Maine Office of Substance Abuse
Department of Behavioral and Developmental
Services (formerly the Department of Mental
Health, Mental Retardation, and Substance
Abuse Services)
November 2001

State of Maine

Substance Abuse Treatment Needs Assessment

**Study 1: Substance Abuse and Treatment Needs
Among Maine's Temporary Assistance for Needy
Families (TANF) Population, 2000**

Final Report

Prepared in Collaboration with
the
Maine Office of Substance Abuse

by

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November 2001

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STATE OF MAINE SUBSTANCE ABUSE TREATMENT NEEDS ASSESSMENT ROUND II

Study 1: Substance Abuse and Treatment Needs Among Maine's Temporary Assistance for Needy Families (TANF) Population, 2000

Executive Summary

Prepared in Collaboration with the

**Maine Office of Substance Abuse
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and Substance Abuse Services)**

Prepared by

RTI

Introduction

This summary presents highlights from the 2000 Survey of Maine TANF Recipients conducted as part of the second Maine State Treatment Needs Assessment Project (STNAP). This study is intended to help inform State officials of the broad alcohol, tobacco, and other drug treatment needs in the State so they may better develop appropriate screening, assessments, and treatment programs for Temporary Aid to Needy Families (TANF) recipients and thereby promote their financial independence. For this report, prevalence rates of substance use and treatment need were estimated for adult female TANF recipients residing in three areas: (1) Cumberland County, (2) Penobscot County (excluding Bangor and Brewer), and (3) Knox, Waldo, and Lincoln Counties (Greater Rockland). In addition, this report also examines the characteristics of TANF recipients, their willingness to obtain treatment, the barriers they encounter when trying to receive treatment, and the impact of substance use and abuse problems on welfare reform goals. To determine whether adult female TANF recipients' substance use and need for treatment are

different from that found among adult females in general, a comparison is made between adult female TANF recipients residing in the three study areas and adult household females across the State from the 1997 Maine Household Telephone Survey.

Study Design

The sampling frame utilized for this study was provided by the Maine Department of Human Services (DHS). A simple random sample of adult females aged 18 to 64 enrolled in TANF just prior to the start of data collection and who resided in Cumberland County, Penobscot County (excluding Bangor and Brewer), and the Greater Rockland area was selected. A minimum sample size of 150 completed interviews per area was targeted for a total of 450 interviews. To validate self-reports of substance use, respondents from each area were randomly selected to provide a hair sample for analysis of past month drug use; 50 hair samples per area were targeted for a total of 150 hair samples.

The questionnaire for the 2000 Survey of Maine TANF Recipients was adapted from the instrument developed for the 1997 Maine Household Telephone Survey and tailored for the TANF population. Supplemental questions developed specifically for the TANF population were added and based on discussions with the Office of Substance Abuse (OSA) and DHS, as well as other surveys of the welfare population. The instrument was converted into a computer-assisted personal interviewing (CAPI) instrument.

Selected recipients were sent a letter briefly describing the study and indicating they would be contacted for an interview. Recipients were provided a toll-free telephone number to call if they had questions and were given a postcard to return if they wanted to decline to participate. Participants were given a \$10 cash incentive for completing the interview and another \$15 for providing a hair sample. A respondent could participate in the interview but refuse the hair sample. However, hair samples were only obtained from respondents who participated in the interview.

Response Rates

Data collection began in July 2000 and ended in January 2001. Information presented in this report is based on interviews with 448 adult females aged 18 to 64 enrolled in TANF just prior to the start of data collection who resided in the three study areas. **Figure 1** shows that the overall response rate for eligible sample members was 41%. Of those eligible sample members who were located, 48% participated. Of those eligible sample members who were contacted, 52% participated.

The hair strand analysis portion of the study was very successful with a total of 160 respondents agreeing to provide a hair sample. However, only three of the samples tested positive for any past 30-day drug use.

Figure 1. Response Rates

Study Area	Completed Interviews	Response Rate for Eligible Sample [# Eligibles/ (Response Rate)]	Response Rate for Located Sample [# Located/ (Response Rate)]	Response Rate for Contacted Sample [# Contacted/ (Response Rate)]
Cumberland County	139	381 (36%)	332 (42%)	300 (46%)
Penobscot County	167	359 (47%)	312 (54%)	303 (55%)
Knox, Waldo, & Lincoln Counties (Greater Rockland)	142	346 (41%)	294 (48%)	266 (53%)
Total	448	1,086 (41%)	938 (48%)	869 (52%)

Highlights of Findings

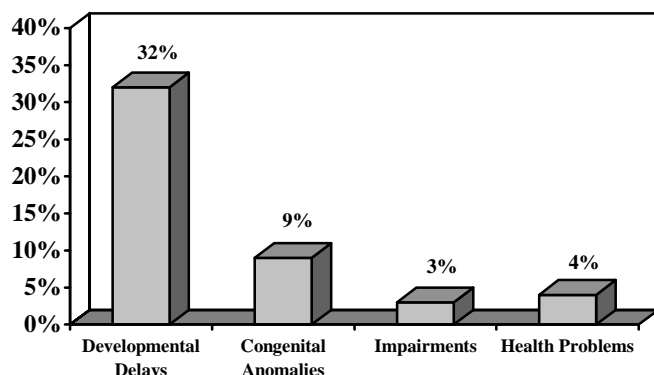
Characteristics of TANF Recipients

The results of this study show that adult female TANF recipients are very different from adult females from the 1997 Maine Household Telephone Survey. TANF recipients tended to be younger (93% were 18 to 44 years old), single (64%), unemployed (58%), and high school educated (47%), whereas females from the household telephone survey tended to be older (85% were 25 to 64 years old), married (60%), employed (74%), and college educated (55%).

Approximately 69% of TANF recipients lived in a “mother only” family, and over one half had at least one child under 6 years of age living in the home. **Figure 2** shows that many of the children of TANF recipients had special care needs, including developmental delays, congenital anomalies, health problems limiting daily activities, and impairments requiring special equipment.

Over one third of TANF recipients received rent subsidies and 21% lived in public housing projects. More than one fifth lived at their current address for fewer than 12 months,

Figure 2. Percentage of TANF Recipients' Children with Developmental or Other Physical Problems

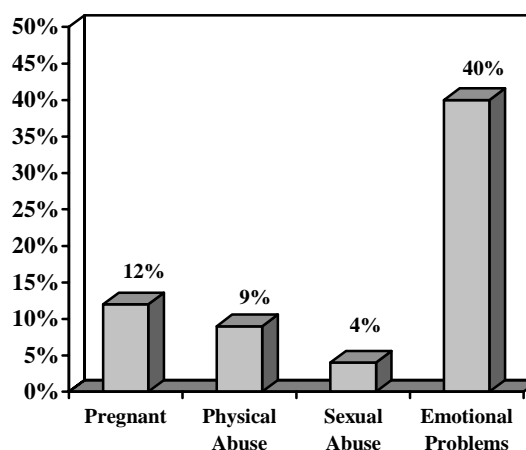


and more than one half for fewer than 3 years. About 75% of TANF recipients began receiving benefits for their own children when they were 24 years of age or younger, and about half started getting benefits at the birth of their first child. Most TANF recipients had been involved with the welfare system for over 5 years, but expected to be off welfare and working within the year.

As mentioned earlier, over half of the TANF recipients were unemployed. In addition, only 14% reported being currently enrolled in job training and almost one third reported having two or more jobs in the past 12 months. This percentage is most likely low, and DHS staff indicated that a much higher percentage of TANF recipients were enrolled in job training. It is likely that recipients did not include ASPIRE or other welfare-to-work programs, which are considered job training.

In general, TANF recipients reported that their overall health was good to excellent, with only 5% indicating they were in poor health. However, **Figure 3** shows that many TANF recipients faced significant health-related challenges and barriers in the past year, including pregnancy, physical and sexual abuse, and emotional problems. About 26% of TANF recipients reported receiving outpatient care for

Figure 3. Percentage of TANF Recipients with Health-Related Challenges and Barriers in the Past Year

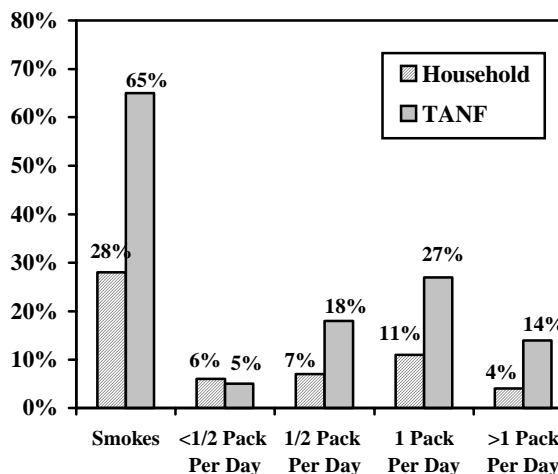


a psychological or emotional problem in the past year.

Prevalence of Substance Use

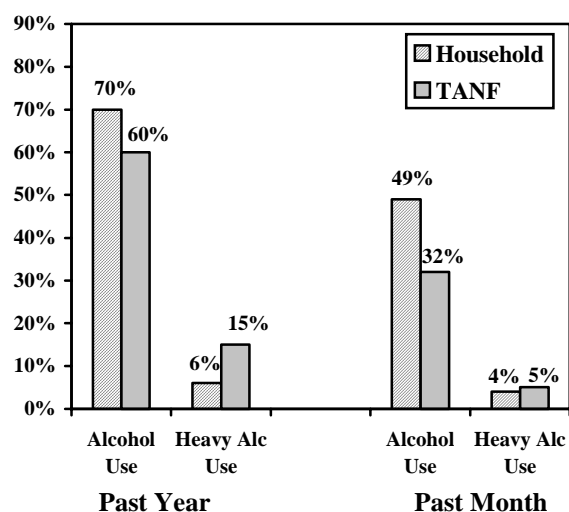
Tobacco. **Figure 4** shows that 65% of TANF women were smokers compared with only 28% of females from the statewide household telephone survey. In addition, TANF women smoked more heavily. More than one half of TANF recipients reported trying to quit using tobacco, and one half said they would like to quit.

Figure 4. Prevalence of Tobacco Use Among Adult Female Respondents to the 1997 Maine Household Survey and the 2000 Survey of Maine TANF Recipients



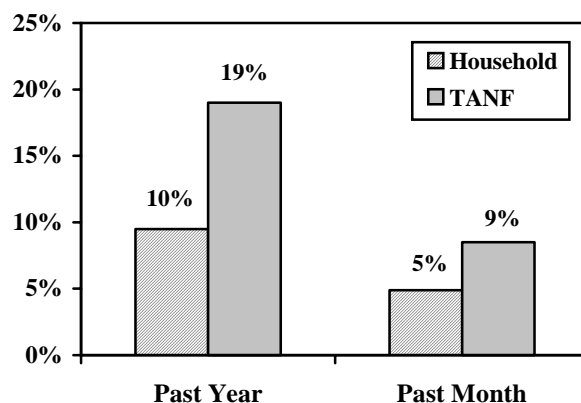
Alcohol. Although more females in the general household population used alcohol in the past year and month, TANF recipients were estimated to have substantially higher rates of heavy alcohol use than females from the statewide household telephone survey. Specifically, **Figure 5** shows that TANF recipients had estimated rates of heavy alcohol use in the past year more than twice the rate for adult household females.

Figure 5. Prevalence of Alcohol Use Among Adult Female Respondents to the 1997 Maine Household Survey and the 2000 Survey of Maine TANF Recipients



Illicit Drugs. Again, TANF recipients had substantially higher rates of any core illicit drug use than adult household females (**Figure 6**). TANF recipients used core illicit drugs in the past month and previous year at nearly twice the rate of adult females in the general household population. Estimates for marijuana or hashish use were nearly the same as the estimates for any core illicit drug use. Estimates for past year and past month use of other drugs, such as cocaine, hallucinogens, and heroin/opiates, were less than 2%.

Figure 6. Prevalence of Any Core Illicit Drug Use Among Adult Female Respondents to the 1997 Maine Household Survey and the 2000 Survey of Maine TANF Recipients



Factors Affecting Alcohol and Illicit Drug Use.

In addition to estimating prevalence rates for substance use, this study also investigated the factors or characteristics of TANF recipients that affect alcohol and illicit drug use. Findings indicated the following:

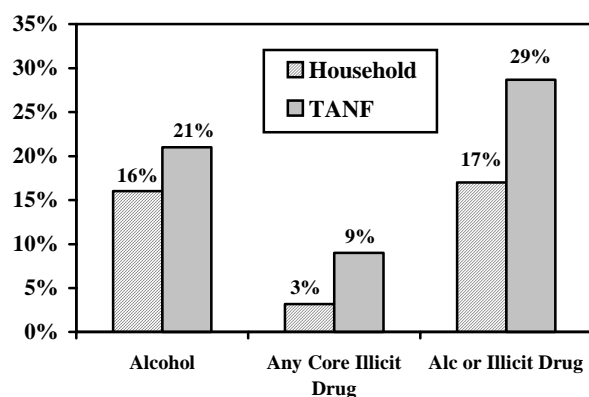
- ❑ TANF recipients who were 18 to 24 years of age were twice as likely as recipients aged 25 to 64 to use alcohol heavily in the past year.
- ❑ TANF recipients with less than a high school education were only 28% as likely as high school graduates to have used marijuana in the past year. TANF recipients who experienced an emotional or personal problem in the past year were 3 times more likely to have used marijuana in the past year.
- ❑ TANF recipients aged 18 to 24 were 5 times more likely than recipients aged 25 to 64 to have used illicit drugs other than marijuana in the past year. Disabled recipients were nearly 4 times more likely to have used other illicit drugs in the past 12 months.

Need for Treatment or Intervention

The American Psychiatric Association's (APA) criteria of substance dependence, abuse and problem use, as published in the *Diagnostic and Statistical Manual of Mental Disorders, 3rd Edition Revised*, (DSM-III-R), were applied to identify TANF recipients in need of alcohol or drug treatment or intervention. Adult female TANF recipients had higher rates of the need for treatment or intervention compared with adult females from the household population.

- ❑ The prevalence of substance abuse problems in the past year were 2 to 3 times greater among adult female TANF recipients in 2000 than among adult females from the general household population in 1997.
- ❑ Overall rates of need for treatment were 2 to 3 times greater among TANF recipients than for household females.
- ❑ **Figure 7** shows that TANF recipients were estimated to need treatment or intervention in the past year at substantially higher rates than adult household females.

Figure 7. Percentages of Adult Female Respondents to the 1997 Maine Household Survey and the 2000 Survey of Maine TANF Recipients Who Were in Need of Treatment or Intervention in the Prior Year for Alcohol or Illicit Drug Use



Characteristics that independently predicted the need for treatment or intervention for alcohol or illicit drug use in the prior year included age, education level, duration of welfare involvement, experiencing a personal or emotional problem, and area of residence.

- ❑ TANF recipients aged 18 to 24 were 14 times and those aged 25 to 44 were almost 5 times more likely to need treatment or intervention than recipients 45 to 64 years old.
- ❑ Recipients with less than a high school education were 28% as likely as recipients with some postsecondary education to need treatment or intervention.
- ❑ TANF recipients on welfare for 3 or more years were significantly more likely to be in need of treatment or intervention than TANF recipients on welfare for fewer than 2 years.
- ❑ A personal or emotional problem in the past year more than doubled the need for treatment or intervention.
- ❑ Recipients in Penobscot County and the Greater Rockland area were significantly less likely than recipients in Cumberland County to have been in need of substance abuse treatment or intervention in the past year.

Slightly fewer than 4% of TANF recipients across the three study areas had received some kind of formal treatment and close to 9% received some form of other assistance, such as mental health counseling, self-help groups, pastoral counseling, or operating under the influence (OUI) programs. Although only 9% of TANF recipients had received some kind of treatment or assistance in the past year compared with the 29% found to be in need of treatment or intervention, the discrepancy among the adult female household population was also very large—only 2% of these women received any alcohol or other drug treatment or intervention in the past year compared with 17% in need of such treatment or intervention.

Treatment Willingness and Barriers to Receiving Treatment

Even though a very small percentage of those in need of treatment or intervention actually received some type of treatment or assistance, an overwhelming percentage indicated they would be willing to get either an evaluation (90%) or treatment (92%) if they or a doctor or professional determined they needed it. However, the high percentage of TANF recipients willing to get treatment for substance use coupled with the small percentage who actually received treatment suggests that significant barriers to treatment for this population. The most common reasons for not seeking treatment were as follows:

- ❑ fear of losing their children (54%);
- ❑ not being able to pay household bills while in treatment (33%);
- ❑ not having anyone to care for their children (31%); and
- ❑ fear of losing their job (26%).

If TANF recipients indicated they could not afford treatment, they were also asked to report the reasons they could not afford treatment. The most common reasons were that it was too expensive, they have too many bills to pay, and their insurance did not pay for treatment.

Impact of Substance Abuse Problems on Welfare Reform Goals

In addition to the substance use and need for treatment or intervention among TANF recipients, the extent to which alcohol and other drug problems may be preventing adult female TANF recipients from meeting the TANF goal of self-support was examined. Although we did not find that the need for substance use treatment was a statistically significant predictor after controlling for other factors, women with treatment needs were less likely than women without treatment needs to be employed.

Significant predictors of whether TANF recipients were employed included education level, whether a women was disabled, had a child under 2 years of age, and had no means of transportation.

- ❑ Women without a high school education were 37% as likely as women with some postsecondary education to be employed.
- ❑ Disabled women were only 16% as likely as women without disabilities to be employed.
- ❑ Women with children under 2 years old were only half as likely to be employed as women without young children.
- ❑ Women without transportation were only a third as likely as women with a private vehicle or a valid driver's license to be employed.

Implications for Treatment Planning and Policy

Based on the findings of this study and discussions with staff from Maine's OSA and DHS, several important policy implications and recommendations can be made for improving substance abuse treatment among TANF recipients in Maine.

Educate TANF Recipients on TANF and Medicaid Benefits and Services. One of the clearest findings of this study is that TANF recipients do not know or understand what services are covered or provided by their benefits and DHS. Nearly one fifth of TANF recipients indicated that one of the reasons they would not be willing to seek treatment for alcohol or drug abuse is that they do not have insurance that covers or pays for treatment. In addition, more than 30% of TANF recipients said they would not have anyone to care for their children if they entered treatment. Finally, over one half of TANF recipients indicated that they would not be willing to seek treatment because they would be afraid of losing their children. TANF recipients automatically receive Medicaid, which covers substance abuse treatment. TANF

recipients are eligible and can receive child care assistance from DHS. DHS views recognizing a substance abuse problem and receiving treatment as a positive step and would assist recipients in their efforts. It is evident there is a need to explore new methods of educating TANF recipients on Medicaid and TANF benefits, as well as work on the issues surrounding the possible loss of children should they seek or receive treatment.

Study Tobacco Use. All of the State's needs assessment studies have focused primarily on alcohol and other illicit drug use. However, the substance TANF recipients reported using the most is tobacco. Nearly 65% of TANF recipients reported being current smokers, and over 40% smoked a pack a day or more. There are huge health consequences to tobacco use, not only for TANF recipients who are smoking, but also for their children who are subjected to secondhand smoke. In addition, smoking imposes a financial impact on families who are already struggling financially. With the average monthly TANF benefit at \$371 per month, TANF recipients who are smoking a pack a day could be spending up to \$120 per month, easily one third of their monthly benefit. It is evident that for the Maine TANF population, tobacco use is a problem that needs to be further examined.

Improve Collaboration Among Agencies.

Establishing clear lines of communication between agencies at each level of government that serves substance-abusing TANF recipients and clarifying the responsibilities of each are key to identifying substance use among and providing substance abuse services to this population. The State needs to determine the agencies that should be involved so that policy and service changes can be integrated into the system across agencies serving the TANF population. Key agencies would include DHS, BDS, Department of Labor, Department of Corrections, Department of Education, the domestic violence community, the delivery

system, including private providers, and employers.

Develop System for Screening and

Assessment. Currently, there is no structured system for screening and assessing substance use among TANF recipients in Maine. Once communication and collaboration is established among agencies serving TANF recipients, they can and should work together to determine who should screen and assess clients, where and when screening and assessment should happen, what the screening and assessment tools should be, and how to cover the costs of this system. TANF recipients are already required to participate in work-related activities 30 hours per week. If substance use interferes with a TANF recipient's DHS plan, then DHS can intervene but cannot force recipients into treatment. The State needs to identify other agencies that may also be able to intervene and get recipients into treatment. Without a screening and assessment process that successfully identifies recipients in need of substance abuse services, it is likely that TANF recipients with substance abuse problems will continue to cycle in and out of employment and as a result the welfare system.

Conclusions

The current TANF population in Maine has many needs. This study identifies several areas that OSA and DHS can address to improve substance abuse treatment services for TANF recipients. As the number of individuals receiving TANF continues to decline, the State will need to continue to study the characteristics and needs of this population in order to provide appropriate services and assist those remaining recipients find work.

1. Introduction and Background

Substance abuse continues to be one of the Nation's most serious health problems. Poor health, disrupted social relations, the inability to maintain employment, and welfare dependency are just a few of the negative consequences associated with substance abuse. Every sector of society spends large sums of money to combat these repercussions, and States tend to shoulder the heaviest burden of finding the monies to do so (National Center on Addiction and Substance Abuse at Columbia University, 2001). The good news is that substance abuse is treatable; the benefits of increased government attention and funding for the treatment needs of the population flow not only to the individual but to the community as well (Gerstein et al., 1994; Hubbard et al., 1989).

This study was designed to examine the substance use and treatment needs of Maine's Temporary Aid to Needy Families (TANF) population. Substance use and abuse are potential barriers to the TANF program goals of work and self-support. Identifying substance use problems and treatment needs can help the State design programs to reduce or eliminate these barriers and create a healthier environment for the children of recipients.

This study was designed to examine the substance use and treatment needs of Maine's Temporary Aid to Needy Families (TANF) population.

This is the first study conducted by Maine's Office of Substance Abuse (OSA) that estimates the prevalence of tobacco, alcohol, and other drug use and need for treatment or intervention of the State's TANF population. It also examines their unmet demand for treatment, their treatment experiences, and the barriers they face obtaining treatment. For reasons of cost, the study sample was restricted to TANF recipients from three areas in Maine—Cumberland County, Penobscot County (excluding Bangor and Brewer), and Knox, Waldo, and Lincoln Counties (Greater Rockland). Based on discussions with Maine's Department of Human Services (DHS) and OSA staff, these areas were chosen to provide a blend of wealthy and poor, urban and rural, and multicultural areas. These areas in the aggregate account for approximately 41% of the TANF recipients in Maine (Maine DHS, 2001d). Funding was provided by the Center for Substance Abuse Treatment (CSAT), and RTI collaborated with the State in conducting the study.

The remainder of this chapter provides background on the State's treatment needs assessments, Maine's geographic and population characteristics, the study objectives, the TANF program, and an overview of Maine's substance use problem, especially the need for treatment among TANF recipients. The second chapter describes the study design and methodology, and the third chapter presents the

characteristics of the study participants. The remaining chapters provide prevalence estimates of substance use and need for treatment or intervention and describe TANF recipients' treatment experiences and readiness, the barriers they have faced in obtaining treatment, and the impact that substance use treatment needs have had on selected welfare reform outcomes. The final chapter summarizes the key findings and implications of these findings for OSA's treatment system.

1.1 Overview of Maine's State Treatment Needs Assessment Project (STNAP)

In an effort to obtain information on substance use problems and the need for treatment or intervention services among various populations, CSAT has made funding available for States to conduct studies of the prevalence of substance abuse in their communities. In 1992, CSAT awarded the first round of 3-year contracts to 13 States for the State Treatment Needs Assessment Project (STNAP). Since then, CSAT has issued at least one contract to each of the 50 States, the District of Columbia, Puerto Rico, and the Virgin Islands. STNAP was designed to assist States in developing data collection and analysis infrastructures for surveillance, planning, budgeting, and policy development.

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In 1995, the State of Maine, Department of Behavior and Developmental Services (formerly the Department of Mental Health, Mental Retardation, and Substance Abuse Services), and Office of Substance Abuse (OSA) received funding for its first STNAP. The STNAP consisted of six complementary studies that included both primary data collection and secondary analysis of existing data. These studies examined the substance use and need for treatment of the household population (Kroutil et al., 1998) and adult arrestees (Bonito et al., 1998). A social indicator study and youth synthetic estimation study were also conducted and provided county and region estimates of adult and juvenile treatment need based on archival data (DeSimone et al., 1999; Herman-Stahl et al., 1998). The final two studies examined the structure, capacity, and utilization of Maine's publicly funded treatment system (Ducharme & Rachal, 1999) and integrated the data and findings from all the studies into a comprehensive tool for estimating substance use and need for treatment among various mutually exclusive population groups (Herman-Stahl et al., 1999). OSA, in collaboration with RTI, completed Maine's first STNAP in 1999.

In 1998, the State of Maine secured funding for a second STNAP consisting of three studies:

- Study 1: Substance Abuse and Treatment Needs Among Maine's Temporary Aid to Needy Families (TANF) Population, 2000;

- Study 2: Services, Capacity, Emerging Issues, and the Current Treatment System; and
- Study 3: Integration and Systems Development

Together, the studies from both of Maine's STNAPs provide an important knowledge base to improve efforts to meet its substance abuse and treatment needs, as well as to allocate resources within the State.

1.2 The State and Its People

Although Maine is relatively large geographically, it ranks 40th in population with 1,274,923 residents.

Maine is the largest New England State with a total area of nearly 30,862 square miles, making it almost as big as the other five New England States combined. Although Maine is relatively large geographically, it ranks 40th in population with 1,274,923 residents (U.S. Bureau of the Census, 2001).

The State has 16 counties with an average population density of 41 residents per square mile. Focusing on the three study areas, the most populated county in Maine is Cumberland County, where the city of Portland is located, with a county population of 265,612 residents. Approximately 21% of the State's population resided in Cumberland County in 2000. Penobscot County had the third highest population (144,919). Knox (39,618), Lincoln (36,280), and Waldo (33,616) Counties (Greater Rockland) ranked 10th, 11th, and 14th in population, respectively (U.S. Bureau of the Census, 2001).

Racially and ethnically, Maine's population is homogeneous. According to the 2000 Census, approximately 97% of the population was white, 0.7% were Asian, 0.6% were American Indian or Alaska Native, and 0.5% were black or African American. Almost 1% reported being Hispanic or Latino. Cumberland County is the most racially and ethnically diverse, with over 40% of the State's black or African American and Asian populations and nearly a third of the Hispanic or Latino population residing there. Over 15% of the American Indian and Alaska Native, 12% of the Native Hawaiian, and 11% of the Asian populations resided in Penobscot County. Two percent or less of Knox, Waldo, and Lincoln Counties' populations were nonwhite (U.S. Bureau of the Census, 2001).

Racially and ethnically, Maine's population is homogeneous.

Nearly 11% of Maine residents and 15% of the State's children lived in poverty, while the median household income was \$33,140 (unpublished Census data). Maine's poverty rates were lower than national rates (13% and 20%), but median household income nationally was higher at \$37,005. Cumberland County had the highest median household income and 2nd and 3rd lowest total and child poverty rates in the State. Waldo County had the 4th lowest median household income, while Penobscot, Knox, and Lincoln Counties tended to fall in the middle.

The unemployment rate in Maine has decreased since 1997, from a rate of 5.4 to a rate of 3.5 in 2000, which was lower than the 2000 national unemployment rate of 4% (Maine Department of Labor, Division of Labor Market Information Services, 2001). Cumberland County had the lowest unemployment rate in 2000 (2%). Knox (2.6%) and Lincoln (2.7%) Counties had rates lower than the State rate, while Penobscot (3.8%) and Waldo (3.9%) Counties had higher rates.

Teenagers accounted for approximately 10% of all livebirths and more than 28% of out of wedlock births in Maine in 1997 (Maine Department of Human Services, Bureau of Health, Offices of Health Data and Program Management, Data, Research and Vital Statistics, 2000). Maine's teenage birth rate for 15- to 19-year-old females was 30 per 1,000 females in 1999. This was the 5th lowest in the country with a national rate of 50 per 1,000 females (National Campaign to Prevent Teen Pregnancy, 2001).

The Maine statewide dropout rate for public schools has continued to increase slightly since the 1995-96 school year. The dropout rate for the 1998-99 school year was 3.3% (Maine Department of Education, 2000), much lower than the 1999 national rate of 11.2% (U.S. Department of Education, 2001). The majority (65%) of the 1999-2000 high school graduates in Maine intended to enroll in some type of postsecondary education (Maine Department of Education, 2001). Nationally in 1999, 44% of all 18- to 24-year-old high school graduates were enrolled in degree-granting programs or institutions according to unpublished data from the U.S. Department of Commerce.

According to the Maine Department of Public Safety (2001), the Maine crime rate in 2000 was 26.25 offenses per 1,000 persons, the lowest number in over 20 years. This is the 4th consecutive year that crime in Maine decreased. However, some categories of crime, such as violent crime, rape, and domestic violence, increased during 2000. Domestic violence assaults increased 12.5% in 2000; police agencies received 4,468 reports of domestic violence assaults in 2000. According to PineTree Legal Assistance, 6,000 petitions for emergency protection from abuse orders are filed in Maine courts each year (personal communication, May 2001).

Domestic violence assaults increased 12.5% in 2000; police agencies received 4,468 reports of domestic violence assaults in 2000.

Such problems as poverty, unemployment, teenage birth, and low educational attainment are often related to higher levels of alcohol and drug abuse. Individuals experiencing these problems often receive some type of help or assistance from State and local agencies or programs. These programs, such as TANF, struggle to identify and direct their recipients to the appropriate services.

1.3 Study Overview and Objectives

In response to the need to better develop appropriate programs for TANF recipients, OSA included in its second STNAP a survey of Maine's adult female TANF population. The study was proposed to help inform State officials of the broad alcohol, tobacco, and drug treatment needs in the State so that they may better develop an appropriate screening, assessment, and treatment program for TANF recipients and promote their financial independence. The study has six main objectives:

- measure the prevalence of use of alcohol and other drugs (e.g., marijuana, hallucinogens, cocaine, opiates);
- measure the prevalence of drug abuse and dependence on different substances, and the prevalence of specific drug abuse and dependence symptoms;
- measure the need for drug abuse treatment services;
- measure the extent to which the need for services is currently being met;
- measure TANF recipients' actual or perceived willingness to receive substance abuse treatment and examine barriers to treatment; and
- determine the extent to which substance abuse problems may be inhibiting recipients' road to self-support.

Previous studies in Maine have explored substance abuse and need for treatment among household adults, adult arrestees, and school-aged youths. While other agencies in Maine have conducted other studies of TANF recipients, this study provides detailed information on the substance use and need for treatment among TANF recipients, and it helps the State to assess TANF recipients' alcohol, tobacco, or drug use and needs. As a result, the State will be able to better provide appropriate substance abuse services to this population.

1.4 TANF in Maine

On August 22, 1996, Congress passed and President Clinton signed into law the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA). This Act eliminated the Federal statute that governed Aid to Families with Dependent Children (AFDC), the 60-year old program most commonly referred to by the term "welfare." In its place, the new law created the Temporary Assistance for Needy Families (TANF) block grant that States can use to provide cash and services to low-income families with children.

TANF provides financial assistance to needy families with dependent children who are deprived of parental support because of the death, continued absence, or incapacity of a parent, or the underemployment of the principal wage earner while the family works toward becoming self-supporting.

The new Federal TANF block grants have time limits on receiving welfare, increased employment and training participation requirements, and strict economic sanctions for noncompliance with program expectations. All these requirements highlight the importance of engaging a larger number of recipients in employment or employment-related activities and moving them toward self-support.

The Maine TANF program became effective November 1, 1996. TANF provides financial assistance to needy families with dependent children who are deprived of parental support because of the death, continued absence, or incapacity of a parent, or the underemployment of the principal wage earner while the family works toward becoming self-supporting (Maine DHS, 2000c). Of Maine's TANF recipients, 77% are children with the majority of these children living in single-parent, female-headed families (Maine DHS, 2001a).

At the Federal level, TANF benefits are only given to 20% of eligible families that include an adult who has received assistance for 60 or more months, whether or not consecutive. However, Federal dollars for funding TANF are distributed to States as block grant money, and the States determine how to use this funding. In Maine, the State has imposed a "no time limit" TANF program. Individuals without income from other sources are recertified every 6 months, and those with income from other sources are recertified every 3 months (personal communication, DHS, July 20, 2001).

A related program in Maine is the Parents as Scholars (PaS) program that allows participants to receive financial aid, Medicaid, and other support services while attending a full-time 2- or 4-year degree granting program. PaS is recognized as a student aid program that is State-funded, and like TANF, participants are not subject to the Federal 60-month time limit (Maine DHS, 1999).

The Federal regulations adopted in TANF require that parents or caretakers engage in work, as defined by the State, within 24 months of receiving assistance or when they are ready, whichever comes earlier. Single-parent recipients are required to participate in a countable work activity for a minimum of 30 hours per week. However, DHS may allow single parents to participate for only 20 hours per week if also involved in job skills training, education directly related to employment, are enrolled in a course of study, or have a child under the age of 6. Teenagers must attend courses to complete high school regardless of the age of their youngest child (Maine DHS, 2000b). Approximately 56% of Maine's TANF two-parent families were participating in 30 hours of work activity plus 5 hours of another approved activity in December 2000. For all of Maine's TANF population, 52% were participating in approved activities totaling 20 or more hours per week (Maine DHS, 2001c).

In Maine, ASPIRE/TANF is a program within DHS that helps TANF participants become "work ready." With only a few exceptions, all TANF recipients are required to participate in ASPIRE. The ASPIRE program offers an array of services, including information and referral, life management skills, family planning, education in parenting, testing and assessment of skills and abilities, GED preparation, high school diploma, skills training, continuing education, on-the-job and job preparation training, field training, job search, and direct job placement. ASPIRE helps TANF recipients with the expenses related to working and training, such as child care, transportation, and education and training (Maine DHS, 2000a).

According to Maine's DHS, the average monthly benefit for TANF families is \$371 and average monthly food stamps is \$176. The average pass-through and gap payment is \$115, with a \$384 average monthly transitional child care payment and \$342 average transitional transportation reimbursement for up to 3 months. During fiscal year 2000 in Maine, \$56,822,113 of TANF and PaS benefits were distributed (Maine DHS, 2001a).

1.5 Background

1.5.1 Substance Use in Maine

For a significant portion of this population, the greatest barrier to getting and keeping a job may be substance abuse and dependence. The extent to which Maine's TANF recipients need substance abuse treatment services to assist them in becoming "work ready" and maintaining employment is currently unknown.

Welfare recipients typically face a broad range of family and personal challenges that can make it hard to obtain and keep employment, and as a result, difficult to fulfill the TANF requirement of work (Olson & Pavetti, 1997). For a portion of this population, as well as others, a significant barrier to getting and keeping a job may be substance abuse and dependence. The extent to which Maine's TANF recipients need substance abuse treatment services to assist them in becoming "work ready" and maintaining employment is largely unknown. Maine's DHS does have a database for multiple-barriered clients that provides this information, but other agencies such as OSA do not. Thus, there is an urgent need for assessing the substance abuse treatment needs of Maine TANF recipients and the relationship between these needs and barriers to accessing treatment services. The treatment needs of TANF recipients may be very different from the treatment needs of adults in general, and the barriers to accessing services may also be different or more extensive. Therefore, the State may need to respond to the substance abuse treatment needs of TANF recipients in a manner different from the way it responds to the general household population or other targeted groups.

Maine adults in 1997 had rates of substance use that were generally comparable to corresponding national and regional rates from the 1996 National Household Survey on Drug Abuse (NHSDA). The survey of Maine households, conducted as part of the initial treatment needs assessment contract, found that about 10% of adult residents in Maine

households used alcohol heavily in the previous 12 months and about 7.0% drank heavily in the month prior to the 1997 survey (Kroutil et al., 1998). In addition, approximately 10% of Maine adults used one or more illicit drugs in the 12 months before the survey, with almost 6% reporting past month illicit drug use. Also, about 8% of adults in the Maine household population in 1997, or an estimated 75,600 adults, were in need of substance abuse treatment.

Some of the highest rates of heavy alcohol use and illicit drug use in the past year were observed among adults between the ages of 18 and 24 years and single adults (Kroutil et al., 1998). Because a disproportionate share of adult TANF recipients in Maine are 18 to 24 years of age (21%) and heads of single-parent households (76%), just based on the demographics, we expect alcohol or other drug treatment needs of this population to be greater than that of the general population.

Nearly all adult TANF recipients (95%) are female. Although the prevalence of substance use and the need for treatment is higher among men than women in the general population, the consequences of drug abuse among women with small children can be extremely serious for their children, and very costly to families, to Federal, state, and local governments, and to society as a whole. Among single adult females in the Maine household study, 4.8% reported heavy alcohol use and 7.7% reported use of one or more illicit drugs in the past year (Kroutil et al., 1998). Furthermore, 4.3% of adult females needed treatment for their substance abuse and 14% needed some form of intervention.

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1.5.2 Need for Treatment Among TANF Recipients

The Maine household survey was not large enough to yield estimates of alcohol or drug treatment needs among the TANF-eligible adult population. However, several recent studies have estimated the need among TANF recipients and participants of welfare-to-work programs. In general, these studies show higher estimates of substance use and abuse among welfare families than among nonwelfare families. The estimates range from a low of 7% to a high of 37% (Olson & Pavetti, 1997). In studies conducted by several States over the past few years, New Jersey found 21% of TANF recipients in need of treatment, Louisiana found 16% of Family Independence Temporary Assistance Program (FITAP) recipients in need of treatment or intervention, and Illinois found that 12% of Medicaid recipients needed substance abuse treatment (Cho, Johnson, Farrar, & Pickop, 2000; Kline, Brazios, Rodrigues, & Mammo, 1999; Weimer et al., 2000). Young and Gardner (1997) provided a consensus estimate of 25% of the welfare population as currently in need of alcohol or drug services, and they noted that this percentage will rise as the first-hired welfare clients leave the rolls and individuals with greater barriers to employment remain.

Although the need for treatment is substantial among the TANF population, studies have reported that access to treatment is generally low. In their study of New Jersey TANF recipients, Kline et al. (1999) reported that only 36% of those in need of treatment in the past year obtained treatment. Of those who needed treatment but did not obtain any, only 27% had received treatment at some time in the past, but not in the past year, and 38% had never been treated. Of all those needing treatment in the past year, 21% wanted treatment but could not obtain it, 16% obtained treatment but felt they needed more, 17% obtained treatment and felt they received all they needed, and 46% felt they needed no treatment and obtained none. Barriers to obtaining treatment included cost of treatment and lack of insurance, lack of available services or absence of kind of treatment sought, lack of transportation or long distances to facilities, lack of childcare, too much bureaucratic "red tape," unacceptable hours of agency operation, lack of culturally similar counselors or language problems, and lack of accommodations for clients with handicaps.

In addition to their alcohol or drug treatment needs, TANF recipients have an array of other family and personal challenges that may affect their transition from welfare to work.

In addition to their alcohol or drug treatment needs, TANF recipients have an array of other family and personal challenges that may affect their transition from welfare to work. These include physical disabilities and/or health limitations, mental health problems, health or behavioral problems of children, domestic violence, involvement with the child welfare system, housing instability, low basic skills and learning disabilities, and criminal activity (Kline et al., 1999; Olson & Pavetti, 1997). Because of these challenges, assessing alcohol or drug treatment needs is only one critical part of the comprehensive framework of services needed to realize the goals of the TANF program.

The TANF alcohol or drug needs assessment process is still emerging in many States and communities (Young & Gardner, 1998); there is no widely used or accepted model that combines assessment of clients' overall work readiness and their alcohol or drug needs. Although Maine now has considerable experience in assessing the job-related skills of its public assistance population and providing services to improve these skills, only in the last 3 years has the State started to assess the alcohol or drug treatment needs of this population. Currently, DHS does not utilize a structured screening process for substance abuse. However, if a TANF recipient admits to a substance abuse problem, or it is determined through evaluation that there is a need for treatment, obtaining and completing treatment can be mandated as part of their TANF contract. ASPIRE specialists will work closely with treatment facilities to arrange services, and assistance such as childcare and transportation may be provided through DHS.

2. Study Design

To collect data on the alcohol, tobacco, and other drug use and treatment needs of the adult female TANF population, we conducted a face-to-face survey of TANF recipients in three areas of Maine. The procedures we used for questionnaire development, sample selection, pilot testing, data collection and processing, and analysis are described below. The chapter concludes with a discussion of the strengths and limitations of the study.

2.1 Questionnaire Development

The questionnaire for the study of Maine TANF recipients was adapted from the instrument developed for the 1997 Maine household telephone survey which was based on the instrument developed for CSAT by its former STNAP contractor—the National Technical Center (NTC). For the current study, the household computer-assisted telephone interviewing (CATI) instrument was converted into a computer-assisted personal interviewing (CAPI) instrument.

The sections of the household survey adapted for this study measured the following:

- the prevalence of alcohol and other drug use (i.e., marijuana, hallucinogens, cocaine, [including crack], and heroin [or other opiates] drugs),
- the prevalence of specific substance abuse problems,
- the prevalence of dependence on alcohol or other drugs,
- alcohol or drug treatment history, and
- alcohol or drug treatment needs and barriers to treatment.

Alcohol and other drug dependence was determined using criteria for dependence from the third revised edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-III-R) published by the American Psychiatric Association (APA, 1987). As in the household study instrument, screening criteria were used to determine whether respondents were asked questions about dependence on each substance. Respondents who were screened into the dependence questions for alcohol or other drugs were asked about the lifetime occurrence and recency of occurrence of symptoms related to abuse of, or dependence on, these substances.

The drug treatment history module contained questions about the lifetime and past year occurrence of several types of treatment

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for alcohol or other drug abuse (e.g., detoxification, residential treatment, use of self-help groups). In addition, specific questions were added about family members' and friends' problems with alcohol or other drugs and their treatment history.

Questions about unmet demand for treatment and barriers to treatment addressed four areas: (1) additional treatment services that treated respondents wanted but did not receive; (2) treatment services that untreated respondents wanted but did not receive; (3) reasons that respondents did not receive the treatment they wanted; and (4) their perceptions about treatment barriers. Many of these questions were tailored to the special circumstances of the TANF population.

In addition to the questions from the Maine household survey, the TANF instrument includes supplemental questions specifically tailored for the TANF population. The questions were based on input from and discussions with the Maine DHS and OSA staff, as well as other surveys of TANF or AFDC recipients. These questions dealt with demographic characteristics, health status, housing, welfare history, treatment willingness, employment history, and tobacco use. A copy of the instrument is included in *Appendix A*.

2.2 Sample Selection

Data were collected from females aged 18 to 64 who were enrolled in TANF just prior to the start of data collection and who resided in the following three areas: (1) Cumberland County, (2) Penobscot County (excluding Bangor and Brewer), and (3) Knox, Waldo, and Lincoln Counties (Greater Rockland).

The sampling frame utilized for this study was obtained from Maine's DHS. The sampling frame contained 3,535 female TANF recipients who were 18 to 64 years of age just prior to the start of data collection and who lived in one of the three areas: (1) Cumberland County, (2) Penobscot County (excluding Bangor and Brewer), and (3) Knox, Waldo, and Lincoln Counties (Greater Rockland). Based on discussions with DHS and OSA staff, these areas were chosen to provide a blend of rural and urban and multicultural areas. Because Maine is mostly rural, including Portland provided information on urban TANF clients. These areas in the aggregate account for approximately 32% of the TANF recipients in Maine. Although it would be preferable to conduct a statewide survey, we limited the study to these locations for cost considerations. A minimum sample size of 150 completed interviews per area was targeted for a total of 450 interviews. In addition, a subset of the sample was also asked to provide a hair sample for analysis of past 30-day drug use. We planned to obtain 50 hair strand samples per area for a total of 150 hair strand samples.

We selected a simple random sample of persons from the sampling frame provided by DHS. The sample selection was controlled by area and time in the program. An equal probability sample of 500 per area was selected. The sample within each area was divided into an initial wave of 100 subjects, plus 20 waves of 20 subjects each. After the first wave of 100, additional waves were fielded as needed to meet the target of 150 completed interviews and 50 hair strand samples per area.

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2.3 Pilot Test

The pilot test had two major aims: (1) identify situations in which the study instrument might have needed modification prior to fielding the full study and (2) find out if the \$10 incentive for completing the interview was well received. We used the first two interviews per field interviewer to assess the instrument, procedures, and incentives. We identified no situations requiring a modification to the survey instrument. Despite the small number of cases in the pilot test, we were fairly confident with these results because a majority of the questionnaire consisted of modules that were used in numerous prior State household telephone surveys, including the Maine household survey, and a similar version of the full instrument had been implemented in Louisiana in a face-to-face survey of their FITAP participants. Based on the pilot study, we found the incentive to be well received, and the average time to complete the interview to be 35 minutes. Depending on the recipients' answers, however, the average time to complete the interview could have been shorter or longer. Because no problems were encountered, the pilot test interviews and hair samples were included in the main study sample and in our analysis.

2.4 Data Collection and Processing

A lead letter was sent to randomly selected TANF recipients residing in the three designated areas. The lead letter briefly described the study and explained that an interviewer from RTI would contact them for an interview (see *Appendix B*). The letter included a toll-free telephone number so TANF recipients could ask questions about the study. In addition, a postage-paid postcard was included for recipients to return if they wanted to decline participation.

Field interviewers were recruited using RTI's National Interviewer File, a computerized file that contains data on interviewers who have worked for RTI on past or current projects and who live in the sample areas. Interviewers were selected based on (1) their previous experience working as a field interviewer, and (2) their appropriateness for conducting interviews with the TANF population. It was important to select interviewers who were sensitive to the special issues and circumstances of TANF recipients, so all interviewers hired, with the exception of one, were female. Nine interviewers were originally hired and expected to attend a 2-day training workshop in South Portland. However, two interviewers quit prior to the workshop. As a result, three additional interviewers were hired and trained a month later at RTI, and a fourth was trained in Augusta, Maine. Several interviewers were also NHSDA interviewers and worked on both studies simultaneously. As the study progressed, several interviewers quit for a variety of reasons, including other employment, sickness, and family issues. In order to complete the number of targeted interviews, the remaining interviewers

were asked to go to areas in the greatest need of completed interviews. For most of data collection, there were two interviewers in Cumberland County, and three interviewers assigned to the Greater Rockland (Knox, Waldo, and Lincoln Counties) and Penobscot areas.

Once selected to participate in the study, interviewers contacted TANF recipients either by phone or in person using the telephone numbers and addresses supplied by DHS. The interviewers contacted the recipients by phone or visited their homes in an attempt to secure cooperation. If the sample member was not at home on the initial visit, the interviewer asked other household members when the person was expected and returned or called back at that time. If no one was home, the interviewer varied the timing of return visits and calls to increase the probability of finding the sample member at home.

When the field interviewer located a sample person, he or she briefly explained the study and requested participation. Before beginning the interview, the field interviewer fully explained the study and provided the necessary information to permit the sample member to make an informed decision about participating. Interviewers discussed (1) the types of questions that would be asked; (2) the expected length of the interview; (3) the voluntary nature of participation; (4) the respondent's right to refuse to answer any question; (5) the confidentiality of responses; (6) the intended use of the data; (7) the fact that TANF benefits or eligibility would not be affected by responses; and (8) the \$10 incentive she would receive for completing the interview. Interviewers resolved any questions that the person had and ensured that the recipient clearly understood the study and consented to participate. When a sample member indicated that she wished to participate, the interviewer signed the consent form and gave a copy to the participant. In an effort to protect respondents' identities, recipients did not sign the consent forms. The interviewer's signature indicated that the recipient understood the information and agreed to participate. The interviewer then administered the questionnaire.

Interviewers discussed the fact that TANF benefits or eligibility would not be affected by responses.

Interviews were conducted using RTI-provided laptop computers to administer the CAPI questionnaire. The interviewers read the questions to the respondents and recorded the answers in the laptop computer. At the conclusion of the interview, the interviewer thanked the respondent and paid the participant the \$10 cash incentive. Randomly selected participants then were asked to provide a hair sample for analysis of drug use during the past month. A respondent could participate in the interview component of the study but refuse the hair sample. If participants provided a hair sample, they were given an additional \$15 incentive. For those providing both an interview and a hair strand sample, the data from the questionnaire and the hair sample were linked by assigning the same case ID number to the corresponding hair sample,

thereby linking the hair sample to the information in the CAPI interview, but not to any personal identifying information.

At the end of each day, interviewers transmitted completed interviews and other information from their laptop computers to RTI's mainframe computer. Upon receiving all interviews and status codes, the information was compiled into a single Statistical Analysis System (SAS) dataset for analysis. Interviewers were also required to mail the hair strand samples to RTI in the provided envelopes. RTI then forwarded the hair samples to United States Drug Testing Laboratories (USDTL) for analysis. Hair was tested for past 30-day use of amphetamines, marijuana/hashish, cocaine, and opiates using Hair Stat analysis. USDTL is the same company analyzing hair samples for the NHSDA. After testing, the laboratory sent the results for each specimen to RTI. The results were then entered into a database. Using the case ID number, which was attached to both the interview and the hair sample, the results were merged with the interview data.

2.5 Response Rates

From July 2000 to January 2001, 448 completed interviews were obtained from the 1,086 eligible subjects sampled.

From July 2000 to January 2001, 448 completed interviews were obtained from the 1,086 eligible subjects in the fielded waves. **Table 2.1** displays the response rates by area. The overall response rate was 41%, substantially lower than the 80% response rate estimated originally. Of those eligible sample members who were located, 48% participated, and of those eligible sample members who were directly contacted, 52% participated. The low response rate is discussed in detail in Section 2.7. We also obtained a total of 160 hair samples, 10 more than was targeted. We collected 60 in Penobscot County, 51 in Greater Rockland, and 49 in Cumberland County.

Table 2.1 Response Rates, by Area

Area	Completed Interviews	Eligible Subjects/ Response Rate	Located Subjects/ Response Rate	Contacted Subjects/ Response Rate
Cumberland County	139	381/36%	332/42%	300/46%
Penobscot County ¹	167	359/47%	312/54%	303/55%
Knox, Waldo, & Lincoln Counties ²	142	346/41%	294/48%	266/53%
Total	448	1,086/41%	935/48%	869/52%

¹Excludes Bangor and Brewer.

²Also referred to as Greater Rockland.

Source: 2000 Survey of Maine TANF Recipients conducted by RTI, Research Triangle Park, NC.

2.6 Analysis Methods

Both descriptive and multivariate analyses were conducted. For selected descriptive analyses, we compared the responses of TANF recipients from the 2000 Maine TANF survey to those of adult females from the 1997 Maine household survey. We began with a descriptive analysis of the demographic and socioeconomic characteristics of TANF recipients. Weighted percentage distributions over an array of variables are presented.

Estimates of the prevalence of substance use among the adult female TANF and household populations were calculated. Weighted percentages of users, as well as the estimated means and 95% confidence intervals (CIs) for the number of users, were computed for past year, and past month heavy alcohol use, and lifetime, past year, and past month use of any illicit drugs, marijuana/hashish, hallucinogens, cocaine, and heroin/opiates. We also estimated multivariate logistic equations to identify characteristics that predicted use of these substances. The dependent variables were whether, in the past year, the woman (1) currently smoked, (2) was a heavy alcohol user, (3) used marijuana, and (4) used other illicit drugs. The adjusted mean odds ratios (ORs) and 95% CIs were computed from the estimated coefficients for ease of interpretation.

We then applied several criteria to alcohol or drug users to identify those in need of treatment. Individuals who received treatment in the past year for abuse of alcohol or other drugs, those with symptoms of dependence or abuse, and persons exhibiting problem patterns of use were considered in need of treatment. In addition, some substance users with problem use who did not meet the criteria for diagnosis of dependence or abuse were flagged as in need of intervention. Criteria for dependence, abuse and problem use were based on the DSM-III-R (APA, 1987). The procedures used to flag respondents in need of treatment or intervention are described in-depth in the household survey report (Kroutil et al., 1998) and are briefly described in **Appendix C**. To compare findings from the 1997 household telephone survey and this study, the same criteria for determining dependence, abuse, problem use, and need for treatment and intervention were used.

To determine the major characteristics of TANF recipients in need of treatment, we conducted a multivariate logistic regression on whether the woman was in need of treatment or intervention, including various demographic, socioeconomic, and program participation variables as explanatory variables. We also prepared estimates of the percentages of women receiving formal and informal treatment services in the previous year. However, the percentage of unmet need among women receiving services computed in the household survey could not be computed from the TANF survey because of the small numbers of women who had received any treatment (22 respondents). Survey questions on reasons

In addition, some substance users with problem use who did not meet the criteria for diagnosis of dependence or abuse were flagged as in need of intervention.

that a woman would not get an evaluation or treatment if she or a physician or other professional told her that she needed such care were analyzed to examine barriers to treatment.

Finally, we investigated the extent to which alcohol or drug problems may prevent adult female TANF recipients from meeting the TANF goal of self-support. In particular, we conducted a multivariate logistic regression of recipients' employment status at the time of the survey controlling for various demographic, socioeconomic, and health characteristics of the individual, as well as for selected program factors and barriers to employment. In addition, we ran a multinomial logistic regression on whether the individuals' TANF benefits had been voluntarily or involuntarily stopped for 1 month or more in the past 3 years. In both analyses, to determine whether alcohol or drug problems had a significant impact on women's behavior, we looked for a significant coefficient on a dummy variable for whether the woman was in need of alcohol or drug treatment or intervention in the prior year.

All statistical analyses were performed using RTI's proprietary software called SURvey DATA ANalysis or SUDAAN (Shah, Barnwell, & Bieler, 1997). Weighted analysis and the SUDAAN software were used to fully account for the sample design. An explanation of the weights used for this analysis is presented in *Appendix D*.

2.7 Strengths and Limitations of the Study

The major strength of this study is that it is the first by Maine's OSA to survey TANF recipients concerning their substance use, need for treatment services, and barriers to treatment. With this information, the State will be better able to provide appropriate treatment services to TANF recipients.

However, the study has several limitations. First, the study measured behaviors based on self-reports. Although we collected hair samples for a subset (160) of the recipients to verify the self-reporting, only three hair samples were positive for past 30-day drug use. It is possible that those recipients refusing to provide hair samples were substance users, and those who agreed did so because they knew no substances would show up in their results. Because providing a hair sample was voluntary, it is logical that recipients who would have positive results for use would not provide a hair sample, especially if the results would contradict how they answered items from the survey. In addition, hair strand analysis is not 100% reliable, and several things can interfere with hair testing results for substance use, including amount of substance use, hair coloring and other chemicals, and rate of hair growth (Bush, 2001).

Furthermore, survey respondents in general tend to underreport undesirable behaviors and to have difficulty remembering complicated

information (Ernhart, Morrow-Tlucak, Sokol, & Martier, 1988; Rouse, Kozel, & Richards, 1985). Therefore, caution should be exercised in interpreting these data.

Second, the response rate for this study is significantly lower than anticipated. The major contributor to the low response rate was the use of a postage-paid postcard for sample members to return if they wanted to decline participation in the study. We received a total of 119 refusal postcards. By using refusal postcards, we were unable to attempt to persuade respondents to participate. Because Maine provides telephone service at a reduced cost for low-income families through the Lifeline Telephone Assistance Program, the State believed it would be easier for sample members to refuse via telephone than by mail. Without including the 119 postcard refusals, the response rate increases to 46%.

Of the 1,125 sampled subjects, a total of 295 or 26% had PO Box addresses.

Another reason for the low response rate was the large number of post office box addresses, especially in the Portland area. Although the contact information provided by DHS was fairly accurate, we did not anticipate the high number of post office box addresses. DHS does collect physical address information, but it is not included in their electronic database. Of the 1,086 sampled subjects, a total of 295 had post office box addresses. Because we were experiencing problems locating and obtaining information from sample members with post office box addresses, whom we believed to be the most mobile, we sent letters to a portion of these sample members asking them to contact us to set up an interview time. Although we received a handful of calls to schedule interviews, overall this strategy was not successful. Maine's Bureau of Family Independence believes that in many instances the use of post office box addresses is one of security for receiving their TANF checks, rather than an issue of mobility (personal communication, Maine OSA and DHS, July 2001).

In addition, this study did not allow for representation of the State as a whole. Instead, the information presented in this report is only representative of TANF recipients in the three designated areas. Finally, there were only 448 completed surveys from the three areas. Thus, statistical tests will only be able to identify fairly large impacts of the different covariates, and analyses on subsets of the sample population are precluded. However, we expect that the participants from these areas are a good representation of the overall TANF population in Maine, and the findings from this study will provide insight into the behaviors and experiences of TANF recipients.

3. Characteristics of TANF Recipients

Program eligibility criteria result in an adult female TANF population that differs significantly from Maine's general adult female population on several dimensions that are potentially important in determining the need for substance abuse treatment or intervention. Therefore, we first compare the demographic and socioeconomic characteristics of respondents to the 2000 Survey of Maine TANF Recipients with those of female respondents to the 1997 Maine Household Telephone Survey. We then provide further details on the family structure, housing characteristics, welfare history, employment history, and health status of the TANF recipients. In addition, Maine's DHS provided statistics for all of the State's TANF population. This information is provided in the text and is not shown in this chapter's tables.

Compared with the general adult female population, adult female TANF recipients in the three study areas were on average younger, predominantly single, less educated, less likely to be employed, and more likely to have a yearly family income of \$20,000 or less.

3.1 Demographic and Socioeconomic Characteristics

The weighted percentage distribution over various demographic and socioeconomic characteristics is shown in **Table 3.1**. Compared with the general adult female population in the three study areas, adult female TANF recipients were younger on average. Fewer than 15% of the adult female population in the three study areas were 18 to 24 years old in 1997 whereas 20% of adult female TANF recipients were in this age range in 2000. In addition, 73% of TANF recipients were between 25 and 44 years of age compared with only 51% of the general female population. These findings are in line with DHS statistics based on a statewide sample of TANF recipients. According to DHS, the average age of parents in households receiving TANF is 33 years, with 31% age 25 or younger, 64% between 26 and 45 years, and 7% between 46 and 64 years (Maine DHS, 2001a, 2001b). The youngest age ranges were found to have the highest rate of heavy alcohol and illicit drug use in the 1997 household survey (Kroutil et al., 1999, p. 2-7).

Adult females in both the TANF population and the general household population in Maine were predominantly white (see Table 3.1). TANF recipients were predominantly single, whereas the majority of adult females in the general household population were married.

Approximately 64% of the TANF respondents in the three areas were single and another 18% were unmarried but living as married compared with 29% and 11% of the general female population, respectively. According to DHS, in July 2001, there were only 1,716 (18%) TANF families with married adults (Maine DHS, 2001a). Being single was another characteristic found in the household survey to be a risk factor for heavy alcohol and illicit drug use (Kroutil et al., 1999).

Table 3.1 Demographic Characteristics of Adult Female Respondents to the 1997 Maine Household Survey and the 2000 Survey of Maine TANF Recipients¹

Demographic Characteristic	Maine Household Survey, 1997		Survey of Maine TANF Recipients, 2000	
	Sample Number	Weighted Percent	Sample Number	Weighted Percent
Total	1,891	100%	448	100%
Age in Years				
18-24	270	14.6	83	19.8
25-44	1,232	51.2	323	73.3
45-64	389	34.3	42	7.0
Race/Ethnicity				
White	1,805	95.4	424	94.1
Nonwhite	86	4.6	24	5.9
Marital Status				
Single ²	683	29.1	281	64.3
Married	997	59.6	85	18.1
Living as married	199	11.3	82	17.6
Education				
Less than high school	126	8.0	90	21.7
High school	691	37.0	226	47.4
Some college or higher	1,072	55.1	132	30.8
Current Employment				
Full-time	991	50.6	72	16.3
Part-time ³	417	23.2	118	26.2
Unemployed ⁴	471	26.3	258	57.5
Family Income⁵				
\$0 to \$10,000	300	15.2	247	54.6
\$10,000 to < \$20,000	284	15.5	160	35.8
\$20,000 to < \$30,000	329	18.8	24	6.1
\$30,000 to < \$40,000	269	15.3	10	2.3
\$40,000 or more	577	35.2	6	1.2

Note: The percentage distributions shown in this table are over valid responses only (i.e., observations with unknown values on a particular variable have been dropped from the analysis of that variable).

¹Survey conducted in three areas: (1) Cumberland County, (2) Penobscot County (excluding Bangor and Brewer), and (3) Knox, Waldo, and Lincoln Counties (Greater Rockland).

²Includes never married, widowed, divorced, and separated women.

³Includes part-time employed and employed but on leave.

⁴Includes retired, disabled, homemaker, student and "other" for household survey; includes students, volunteer in work situation and unemployed for TANF recipients.

⁵The income question asked "So that we can be sure we're getting the most complete information available, I'd like you to estimate your family's total income for the last month before taxes were taken out. Include wages, social security, AFDC/TANF and any other income. What was your estimated total income last month?"

Sources: 1997 Maine Household Survey and 2000 Survey of Maine TANF Recipients conducted by RTI, Research Triangle Park, NC.

TANF recipients were also less educated and less likely to be employed compared with the general adult female population. One fifth of TANF recipients had less than a high school education compared with only 8% of adult household females. Only 31% of TANF recipients had some education beyond high school compared with 55% of the adult household female population. Our sample of TANF recipients also differed somewhat from a sample drawn by the State. According to a statewide DHS TANF sample, 25% of TANF recipients had less than a high school education, 60% had a high school education, and 10% had some college or higher (Maine DHS, 2001b). This study's TANF sample appears to be slightly more educated than the sample drawn by DHS. In addition, whereas 58% of female TANF recipients were unemployed in 2000, only 26% of the adult household female population were without jobs in 1997 (see Table 3.1). Nationally, 28% of TANF recipients were working in fiscal year 1999 (U.S. Department of Health and Human Services [DHHS], 2000). A higher rate of TANF recipients in this study were employed either part-time or full-time (43%).

Finally, by definition, TANF recipients were much poorer than the general adult female population. Approximately 55% of 2000 TANF recipients had family incomes under \$10,000, whereas only 15% of the 1997 adult household female population was in this income range. In addition, 69% of the household female population had family incomes of \$20,000 or more in 1997, but only 10% of TANF recipients had incomes of \$20,000 or more. According to DHS, 60% of ASPIRE-TANF participants did not have any earned income based on a sample drawn in April 2001 (Maine DHS, 2001b). This corresponds with the 58% unemployment reported in Table 3.1. As reported in Chapter 2, the average monthly TANF benefit was \$371 per month for a yearly income of \$4,452. It is important to note that it is unlikely that TANF recipients would have incomes over \$20,000, as they would not qualify for TANF benefits. The possibility does exist that TANF recipients reported the income of other family members, partners or significant others, or other assistance. In addition, the income reported was for the "last month," and it is possible that some recipients were new TANF clients and may have been working in the prior month.

The distributions of adult female TANF recipients over these demographic and socioeconomic characteristics were similar in the three areas surveyed (see **Table E.1** in Appendix E). Adult female TANF recipients were slightly younger and more likely to be single in Cumberland County compared with recipients in Penobscot County and the Greater Rockland area. Adult female TANF recipients in Penobscot County were less educated and more likely to be unemployed compared with Cumberland County and the Greater Rockland area.

The vast majority of TANF adults interviewed were mothers in single-parent families with one or more children under the age of 18 living with them.

3.2 Family Structure

TANF provides financial assistance to needy families with dependent children who are deprived of parental support because of the unemployment, underemployment, death, continued absence, or incapacity of a parent. Hence, the family structure of TANF recipients differs markedly from adult household females. The vast majority of TANF adults interviewed were mothers in single-parent families with one or more children under the age of 18 living with them (**Table 3.2**). Approximately 35% of the respondents had only one child, another 29% had two children, 20% had three children, and 12% had four or more children. For 3% of the respondents, the number of children in the household was unknown. In comparison, in July 2001, DHS reported that 68% of families receiving TANF were one-parent families, 6% were two-parent families, and 26% were child-only families, with the average number of children per family was 1.8 (Maine DHS, 2001a). In addition, 49% of adult females in the household population had no children under 18 years of age living in their household (not shown), 21% had one child and fewer than 3% had four or more children living with them.

Most TANF women would require daycare or afterschool care for their children for them to be able to work and/or receive substance abuse treatment. One half of the TANF recipients had preschool-aged children, and 16% had at least one infant or toddler at home. About one third had children aged 13 to 17 years living at home. According to DHS, the average age of children in households receiving TANF was 7 years (Maine DHS, 2001a). Furthermore, many of the children of TANF recipients had special care needs; nearly one third of the TANF mothers had children with a developmental delay, 9% had children with congenital anomalies, 4% had children with health problems limiting their daily activity, and 3% had children with impairments requiring special equipment.

3.3 Housing Characteristics

The TANF population is also a highly transient population. More than one fifth of the adult female TANF recipients had lived at their current address for fewer than 12 months, and more than one half had lived at their current address for fewer than 3 years (**Table 3.3**). In addition, about 9% had moved more than once during the prior 12 months and 3% had been homeless at some point in the prior 12 months. Unfortunately, comparable data were not obtained for the general population.

Many of the TANF recipients received housing assistance. Approximately 21% reported living in public housing projects, and 37% reported receiving rent subsidies from Federal, State, or local government.

Table 3.2 Family Characteristics of Maine Adult Female TANF Recipients¹

	Sample Number	Weighted Percent
Total	448	100%
Family Structure		
Mother only	302	69.2
Mother and father	75	16.5
Other	71	14.4
Number of Children < 18 Years Living with Respondent		
None ²	3	0.7
One	158	35.0
Two	134	29.4
Three	84	20.1
Four or more	49	11.5
Unknown	20	3.4
Recipients with:		
Children under 2 years of age	69	16.3
Children under 6 years of age	219	52.1
Children aged 13-17 years	138	30.8
Recipients with one or more children who:		
Have developmental delays	160	31.6
Have congenital anomalies	41	9.2
Have impairments requiring special equipment	18	3.2
Have health problems limiting daily activity	25	4.4

¹Survey conducted in three areas: (1) Cumberland County, (2) Penobscot County (excluding Bangor and Brewer), and (3) Knox, Waldo, and Lincoln Counties (Greater Rockland).

²Families are not eligible for TANF assistance without a child living in the household.

Source: 2000 Survey of Maine TANF Recipients conducted by RTI, Research Triangle Park, NC.

Table 3.3 Housing Characteristics of Maine Adult Female TANF Recipients¹

	Sample Number	Weighted Percent
Total	448	100%
Lived at current address:		
< 1 year	104	22.2
> 1 year but < 3 years	147	34.8
> 3 years but < 5 years	65	14.7
> 5 years but < 10 years	81	18.8
≥ 10 years	44	8.7
Unknown	7	0.9
Recipients who, during the past 12 months:		
Moved more than once	44	9.3
Were homeless	16	3.4
Recipients who currently:		
Receive rent subsidies from Federal, State or local government	144	36.6
Live in public housing projects	85	21.1

¹Survey conducted in three areas: (1) Cumberland County, (2) Penobscot County (excluding Bangor and Brewer), and (3) Knox, Waldo, and Lincoln Counties (Greater Rockland).

Source: 2000 Survey of Maine TANF Recipients conducted by RTI, Research Triangle Park, NC.

3.4 Welfare History

Many TANF recipients have a history of receiving assistance that often starts with their parents or guardians.

Many TANF recipients have a history of receiving assistance that often starts with their parents or guardians. **Table 3.4** shows that, when they were children, one third of TANF recipients in the three sample areas had primary caretakers who received welfare payments. Furthermore, recipients were generally very young when they began receiving welfare for their own children: 13% were under 18 years of age and 25% were aged 18 or 19 when they began receiving welfare checks. Fewer than 25% were over 25 years of age when they first began receiving welfare checks for their own children. One half of the TANF recipients began receiving welfare checks at the birth of their first child. The Maine DHS views recipients first enrolling in TANF at the birth of their first child as a positive. By enrolling in TANF, recipients automatically receive Medicaid for their children which covers well-child visits and provides health care and services recipients may otherwise not have access to (personal communication, DHS, July 20, 2001).

Table 3.4 Welfare History of Maine Adult Female TANF Recipients¹

	Sample Number	Weighted Percent
Total	448	100%
When recipient was a child:		
Primary caretaker received welfare payments	145	32.6
Only other family members received welfare payments	5	1.2
No family member received welfare payments	272	60.5
Unknown	26	5.7
Age when first received welfare for own children		
10-17 years	55	13.1
18-19 years	102	24.5
20-25 years	172	37.8
26-56 years	119	24.6
Benefits began:		
At birth of first child	218	51.2
When had only one child aged 1-18 years	110	23.8
When had two or more children	117	24.4
Unknown	3	0.6
Time since first received TANF²		
1 year or less	77	18.3
2-5 years	93	20.6
6-9 years	102	22.9
10-44 years	168	36.9
Unknown	8	1.2
Stopped receiving welfare checks for more than 1 month in the past 3 years		
Yes	175	39.2
No	267	59.7
Unknown	6	1.1

¹Survey conducted in three areas: (1) Cumberland County, (2) Penobscot County (excluding Bangor and Brewer), and (3) Knox, Waldo, and Lincoln Counties (Greater Rockland).

²Survey asked "How old were you the first time you started collecting AFDC/TANF for your own children?"

Source: 2000 Survey of Maine TANF Recipients conducted by RTI, Research Triangle Park, NC.

Nearly 60% of the adult female TANF recipients in the three study areas reported receiving TANF for the first time more than 5 years ago—37% 10 years ago or more. Approximately 18% had first received TANF fewer than 2 years earlier. According to DHS, 46% of ASPIRE-TANF recipients have been receiving benefits for a year or less, and only 12% for 5 or more years (Maine DHS, 2001b). This study's sample of TANF recipients appears to include a higher percentage of adult females who first received TANF more than 5 years ago, those who had either been on and off welfare during that time, or possibly those who included other forms of assistance when indicating when they first received TANF.

The main reason recipients voluntarily stopped their TANF benefits was that they gained employment or found a better job (39%). Recipients primarily reenrolled because their partners left or they were separated, divorced, or widowed (21%).

More than one half of the TANF recipients (60%) had been continuously enrolled in welfare (never stopped receiving welfare checks for more than 1 month) in the previous 3 years (approximately from August – December 1997 to August – December 2000). Among those who had stopped receiving checks, 46% did so because DHS terminated their benefits, whereas 54% voluntarily left the program (**Table 3.5**). The main reasons that DHS stopped benefits were that recipients got a job and/or their earnings increased (27%) and they did not follow program notes, rules, or requirements (10%). According to DHS, in July 2001, 7% of families had active sanctions pending (Maine DHS, 2001a). The main reason recipients voluntarily stopped participating in TANF was that they gained employment or found a better job (39%). Recipients reenrolled because their partners left or they were separated, divorced, or widowed (21%), they were fired/laid off from a job (12%), they quit a job (11%), or they became ill (8%) (**Table 3.5**).

3.5 Employment History and Status

Only 14% of the recipients were enrolled in job training at the time of the survey.

As mentioned in Section 3.1, most adult female TANF recipients were unemployed (58%). However, according to **Table 3.6**, only 14% of the recipients were enrolled in job training at the time of the survey, including work readiness (3%), vocational or technical certification (1%), a GED or high school diploma program (1%), and an associate or bachelor's degree program (5%). According to BFI, a much higher percentage of recipients were enrolled in job training (personal communication, DHS, July 20, 2001). Respondents may not have included participation in ASPIRE or other welfare-to-work programs, which are considered to be job training. DHS reported that during the State's 2000 fiscal year, there were 13,928 ASPIRE participants with 36% involved in pre-training (i.e., GED, pre-vocational) and 14% involved in training (i.e., vocational/technical, college). In addition, 17% were work component participants, and 40% were job search participants (Maine DHS, 2001c).

Many TANF recipients also had problems keeping a job: 10% had three or more different jobs in the previous 12 months. One third had not had a job in the past 12 months, and 56% had one or two jobs in that time.

Table 3.5 Reasons Why Maine TANF Recipients¹ Stopped Receiving Welfare Checks and Why They Began Receiving Welfare Checks Again

	Sample Number	Weighted Percent
Total	174	100%
Main reason recipient stopped receiving welfare checks		
DHS stopped benefits because recipient:	85	45.6
Got a job/earnings increased	47	26.6
Did not follow program notes, rules, or requirements	20	9.8
Reached the end of time for receiving benefits ²	1	0.4
Other reason	17	8.9
Recipient voluntarily left TANF program because she:	89	54.4
Gained employment/better job	60	39.2
Married/moved in with partner/reconciled with spouse	14	6.5
Moved to another State/county	3	1.6
Other reason	11	6.6
Main reason recipient started collecting benefits again:		
She was fired/laid off	21	11.8
She quit her job	16	10.9
She became pregnant	8	4.4
She had a personal illness	13	8.0
She had to care for ill family member	7	3.9
She assumed responsibility for children	8	5.1
Her partner left/she was separated, divorced, or widowed	36	20.5
Other reason	40	22.1
She is not receiving/did not resume benefits	25	13.4

¹Survey conducted in three areas: (1) Cumberland County, (2) Penobscot County (excluding Bangor and Brewer), and (3) Knox, Waldo, and Lincoln Counties (Greater Rockland).

²A 60-month time limit exists at the Federal level, but at the State level there is no time limit in Maine. According to the Bureau of Family Independence, only 200 adults in Maine are nearing the 60-month Federal time limit.

Source: 2000 Survey of Maine TANF Recipients conducted by RTI, Research Triangle Park, NC.

Table 3.6 Employment History of Maine Adult Female TANF Recipients¹

	Sample Number	Weighted Percent
Total	448	100%
Currently enrolled in job training	61	13.5
Work readiness	14	2.6
Vocational/technical certification	7	1.3
GED or high school diploma	3	1.1
Associate or bachelor's degree	23	5.0
Other	14	3.5
Number of different jobs in past 12 months		
None	159	33.5
One	162	35.8
Two	86	20.6
Three or more	41	10.1
At this time next year, recipient believes she will be looking for a job on her own without assistance from State/community welfare to-work programs:		
Very likely	206	48.6
Somewhat likely	69	16.7
Not at all likely	160	32.1
Unknown	13	2.6
At this time next year, recipient believes she will have stopped receiving TANF:		
Very likely	203	46.8
Somewhat likely	100	21.6
Not at all likely	125	27.9
Unknown	20	3.8
At this time next year, recipient believes she will be staying at home and receiving TANF without working or participating in any training or employment activities:		
Very likely	55	10.4
Somewhat likely	59	14.9
Not at all likely	321	72.7
Unknown	13	2.1

¹Survey conducted in three areas: (1) Cumberland County, (2) Penobscot County (excluding Bangor and Brewer), and (3) Knox, Waldo, and Lincoln Counties (Greater Rockland).

Source: 2000 Survey of Maine TANF Recipients conducted by RTI, Research Triangle Park, NC.

Most recipients expected to be employed in the near future. An estimated 49% indicated that, in a year's time, that they would very likely be looking for a job without assistance from State or community welfare-to-work programs, and 47% believed that they will very likely have stopped receiving TANF benefits. Over 73% indicated it was not at all likely that, at this time next year, they would be staying at home and receiving TANF without working or participating in any training or employment activities.

3.6 Health Characteristics

Nearly three fourths of the adult female TANF recipients reported that their health was generally good, very good or excellent, whereas 24% reported that they were in fair health and 5% reported that they were in poor health (*Table 3.7*). Many TANF recipients faced an array of health-related challenges and barriers. About 12% reported that they had been pregnant in the previous 12 months—many, presumably, with the children qualifying them for TANF benefits. This compares with only 6% of women in the general adult female population who had been pregnant in the year prior to the 1997 household survey (not shown).

An estimated 34% of the adult female TANF recipients reported physical, mental, or emotional problems that kept them from working at all, and 38% reported physical, mental, or emotional problems that limited the kind or amount of work they could do.

In addition, 34% of the adult female TANF recipients reported physical, mental, or emotional problems that kept them from working at all, and 38% reported physical, mental, or emotional problems that limited the kind or amount of work they could do. In the 12 months prior to the survey, 40% had serious personal or emotional problems, 26% received outpatient care for psychological problems or emotional difficulties, and 6% had been hospitalized for psychological or emotional difficulties. Some recipients were contending with physical and/or sexual abuse; nearly 9% had been beaten, bruised, or injured by another person in the prior 12 months, and 4% had been sexually abused or assaulted.

3.7 Summary

Compared with the general adult female population in Maine, adult female TANF recipients were more likely to be in demographic and socioeconomic groups that have been found in other studies to be associated with increased risk of substance abuse. The groups include young adults (18 to 24 years), single adults, individuals without a high school diploma, the unemployed, and the poor. In addition, these women faced many other challenges that would have restricted their ability to seek and obtain treatment. These include dependent children, many of whom were very young and/or had some form of disability or developmental delay requiring extra and/or constant care. In addition, many adult female TANF recipients had unstable living arrangements, few job skills, and health problems of their own, and a significant proportion grew up on welfare.

Over one third of the TANF recipients reported first receiving welfare for their own children at age 19 or younger; one half did so at the birth of their first child. Most recipients had first been involved with the welfare system over 5 years ago, but expected to be off welfare and working within the year.

Table 3.7 Health Characteristics of Maine Adult Female TANF Recipients¹

	Sample Number	Weighted Percent
Total	448	100%
General health assessment		
Excellent	53	12.2
Very good	99	22.0
Good	154	36.8
Fair	115	24.1
Poor	27	5.0
Recipients who were pregnant in the previous 12 months	51	12.1
Recipients with physical, mental, or emotional problems that:		
Kept them from working at all	159	34.0
Limited the kind or amount of work they could do	178	38.2
Recipients who, during the past 12 months:		
Had serious personal or emotional problems	185	40.3
Were hospitalized for psychological or emotional difficulties	25	5.9
Received outpatient care for psychological problems or emotional difficulties	115	26.3
Were beaten, bruised, or injured by another person	35	8.7
Were sexually abused or assaulted	16	3.5

¹Survey conducted in three areas: (1) Cumberland County, (2) Penobscot County (excluding Bangor and Brewer), and (3) Knox, Waldo, and Lincoln Counties (Greater Rockland).

Source: 2000 Survey of Maine TANF Recipients conducted by RTI, Research Triangle Park, NC.

4. Prevalence of Substance Use

Estimating and evaluating the extent of alcohol and drug use in the Maine TANF population is the next step in examining the need for treatment for this population. This chapter presents the estimated prevalence rates and numbers of tobacco, alcohol, and illicit drug users among female TANF recipients who were 18 to 64 years of age and lived in Cumberland County, Penobscot County (excluding Bangor and Brewer), and Knox, Waldo, and Lincoln Counties (Greater Rockland). Specifically, estimated percentages and numbers of users are presented for tobacco, heavy alcohol, marijuana/hashish, hallucinogens, cocaine, and heroin/opiates. To determine if rates of use were higher among female TANF recipients than females in the general population, the estimated prevalence rates for TANF recipients residing in the three study areas are compared with the estimated rates of use among adult females from the State's 1997 household telephone survey.

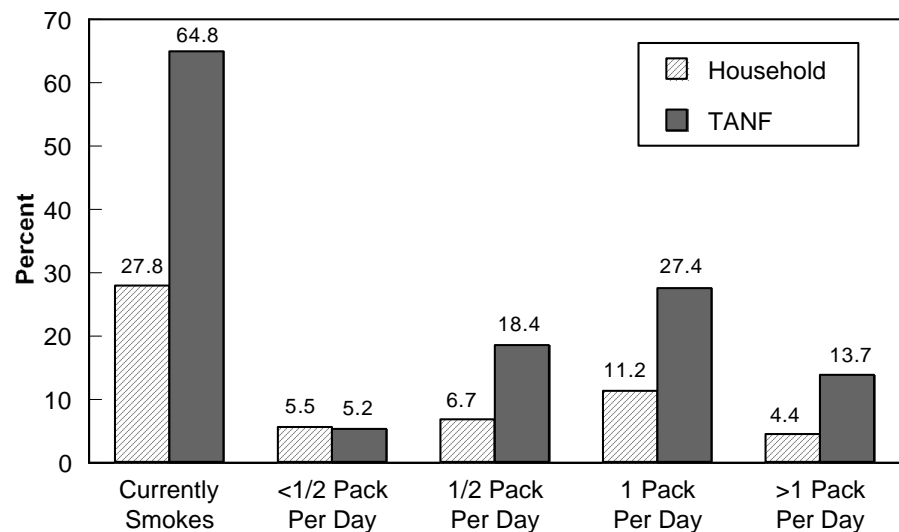
4.1 Prevalence of Tobacco Use

Approximately two thirds of the TANF recipients currently smoke.

Respondents were asked how many cigarettes, cigars, or cigarillos they smoked each day in the past 30 days. **Figure 4.1** and **Table 4.1** provide the rate of tobacco use by TANF respondents and the estimated numbers of TANF recipients who used tobacco. Approximately two thirds of the TANF recipients currently smoked, an estimated 2,291 recipients across the three areas. The 95% confidence interval for the estimate indicates the range of possible values in which the true population value is likely to be found. Thus, as few as 2,116 or as many as 2,454 recipients in the three areas may have been current smokers in 2000. More than one fifth (or 834 recipients) were estimated to smoke half a pack or less per day, 27% (or 970 recipients) were estimated to smoke about a pack per day, and 14% (or 486 recipients) were estimated to smoke more than one pack each day.

When compared with adult females across the three areas from the 1997 statewide household telephone survey, adult female TANF recipients were estimated to have an overall higher rate of use. Specifically, estimates in **Figure 4.1** show that a little more than one fourth of the females from the household telephone survey currently smoked compared with two thirds of female TANF recipients in the three areas. In addition, a greater percentage of smokers from the TANF population were heavy smokers compared to the general female household population; 41% of female smokers in the TANF population smoked one pack or more a day compared with only 16% of females from the household population.

Figure 4.1 Prevalence of Tobacco Use Among Adult Female Respondents to the 1997 Maine Household Survey and the 2000 Survey of Maine TANF Recipients¹



Note: Based on weighted data. The Maine household survey question asked whether the respondent "smokes cigarettes now," whereas the Maine TANF recipient survey asked whether the respondent "smoked cigarettes, cigars or cigarillos in the past 30 days."

¹Survey conducted in three areas: (1) Cumberland County, (2) Penobscot County (excluding Bangor and Brewer), and (3) Knox, Waldo, and Lincoln Counties (Greater Rockland).

Sources: 1997 Maine Household Survey and 2000 Survey of Maine TANF Recipients conducted by RTI, Research Triangle Park, NC.

Among the TANF recipients, nearly all current smokers were regular smokers; approximately 63% of TANF recipients in the three study areas regularly used a tobacco product.

As shown in **Table 4.2**, among the TANF recipients, nearly all current smokers were regular smokers; approximately 63% of TANF recipients in the three study areas regularly used a tobacco product, including cigarettes, cigars, cigarillos, snuff, or chewing tobacco, 54% had tried to quit, and 50% would like to quit.

An area-level comparison shows that Cumberland County had the highest rate of tobacco use among TANF recipients, followed by the Greater Rockland area, and Penobscot County. Approximately 41% of TANF recipients in each area reported smoking a pack or more of cigarettes, cigars, or cigarillos per day (**Table E.2** in Appendix E).

Table 4.1 Estimated Numbers of Users of Tobacco Among Adult Female Respondents to the 1997 Maine Household Survey and the 2000 Survey of Maine TANF Recipients¹

Tobacco Use	Maine Household Survey, 1997		Survey of Maine TANF Recipients, 2000	
	Number	95% CI	Number	95% CI
Currently smokes	107,528	125,143 - 147,310	2,291	2,116 - 2,454
< ½ pack/day	21,365	21,811 - 33,363	183	117 - 284
About ½ pack/day	25,883	27,284 - 39,157	651	525 - 800
About 1 pack/day	43,213	47,279 - 62,972	970	820 - 1,137
> 1 pack/day	16,892	16,807 - 27,068	486	375 - 623

Note: Based on weighted data. The Maine Household survey question asked whether the respondent "smokes cigarettes now," whereas the Maine TANF recipient survey asked whether the respondent "smoked cigarettes, cigars or cigarillos in the past 30 days."

¹Survey conducted in three areas: (1) Cumberland County, (2) Penobscot County (excluding Bangor and Brewer), and (3) Knox, Waldo, and Lincoln Counties (Greater Rockland).

Sources: 1997 Maine Household Survey and 2000 Survey of Maine TANF Recipients conducted by RTI, Research Triangle Park, NC.

Table 4.2 Regular Use of Tobacco Products by Maine Adult Female TANF Recipients¹

	Sample Number	Weighted Percent
Total	448	100%
Recipients who regularly use a tobacco product, including cigarettes, cigars, cigarillos, snuff, or chewing tobacco	280	62.8
Have tried to quit	238	53.6
Would like to quit	220	50.0

¹Survey conducted in three areas: (1) Cumberland County, (2) Penobscot County (excluding Bangor and Brewer), and (3) Knox, Waldo, and Lincoln Counties (Greater Rockland).

Source: 2000 Survey of Maine TANF Recipients conducted by RTI, Research Triangle Park, NC.

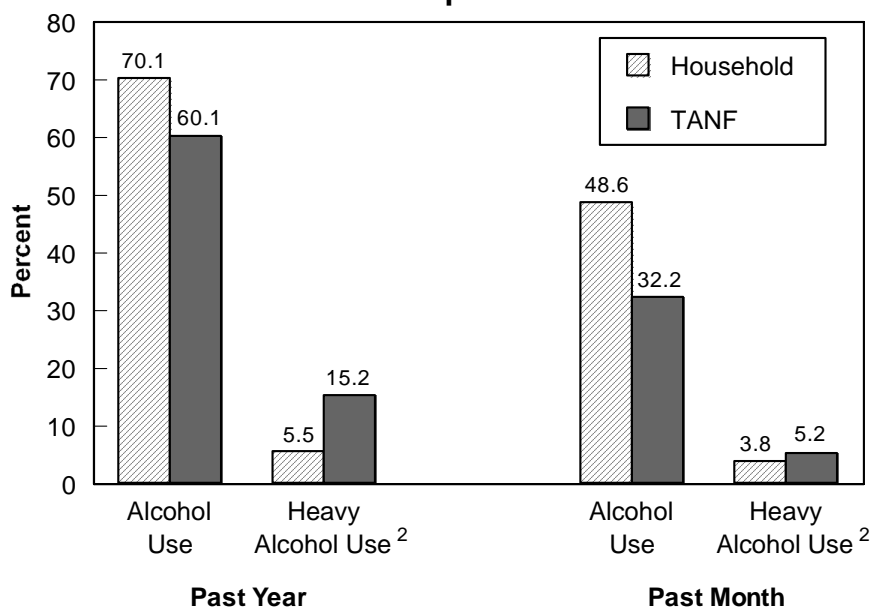
4.2 Prevalence of Heavy Alcohol Use

Heavy alcohol use in the past month is defined as the consumption of four or more drinks on 4 or more days during a single month. Past year heavy alcohol use is defined as weekly consumption of four or more drinks in a 24-hour period.

Approximately 15% of TANF recipients reported heavy alcohol use in the past year, and 5% reported such use in the past month.

Figure 4.2 shows that 60% of TANF recipients in the three areas used alcohol in the past year, and 32% did so in the past month. Approximately 15% reported heavy alcohol use in the past year, and 5% reported such use in the past month. **Table 4.3** presents the estimated number of users. Based on the 95% confidence intervals, as few as 423 or as many as 674 TANF recipients across the three areas may have used alcohol heavily in the past year, and 118 to 281 may have used alcohol heavily in the past month.

Figure 4.2 Prevalence of Alcohol Use Among Adult Female Respondents to the 1997 Maine Household Survey and the 2000 Survey of Maine TANF Recipients¹



Note: Based on weighted data.

¹Survey conducted in three areas: (1) Cumberland County, (2) Penobscot County (excluding Bangor and Brewer), and (3) Knox, Waldo, and Lincoln Counties (Greater Rockland).

²For the past year, defined as weekly consumption of four or more drinks in a 24-hour period. For the past month, defined as consumption of four or more drinks on 4 or more days for women.

Sources: 1997 Maine Household Survey and 2000 Survey of Maine TANF Recipients conducted by RTI, Research Triangle Park, NC.

Table 4.3 Estimated Numbers of Users of Alcohol Among Adult Female Respondents to the 1997 Maine Household Survey and the 2000 Survey of Maine TANF Recipients¹

Alcohol Use	Maine Household Survey, 1997		Survey of Maine TANF Recipients, 2000	
	Number	95% CI	Number	95% CI
<u>Past Year</u>				
Alcohol Use	270,949	261,496 - 279,977	2,126	1,951 - 2,293
Heavy alcohol use ²	20,975	17,191 - 25,533	537	423 - 674
<u>Past Month</u>				
Alcohol Use	187,818	177,964 - 197,699	1,139	977 - 1,314
Heavy alcohol use ²	14,631	11,447 - 18,656	183	118 - 281

Note: Based on weighted data.

¹Survey conducted in three areas: (1) Cumberland County, (2) Penobscot County (excluding Bangor and Brewer), and (3) Knox, Waldo, and Lincoln Counties (Greater Rockland).

²For the past year, defined as weekly consumption of four or more drinks in a 24-hour period. For the past month, defined as consumption of four or more drinks on 4 or more days for women.

Sources: 1997 Maine Household Survey and 2000 Survey of Maine TANF Recipients conducted by RTI, Research Triangle Park, NC.

Although more females in the general household population used alcohol in the past year and past month based on the data collected for this study, TANF recipients were estimated to have substantially higher rates of heavy alcohol use than females from the statewide household telephone survey. In fact, TANF recipients had estimated rates of heavy alcohol use in the past year nearly three times the rate for adult household females.

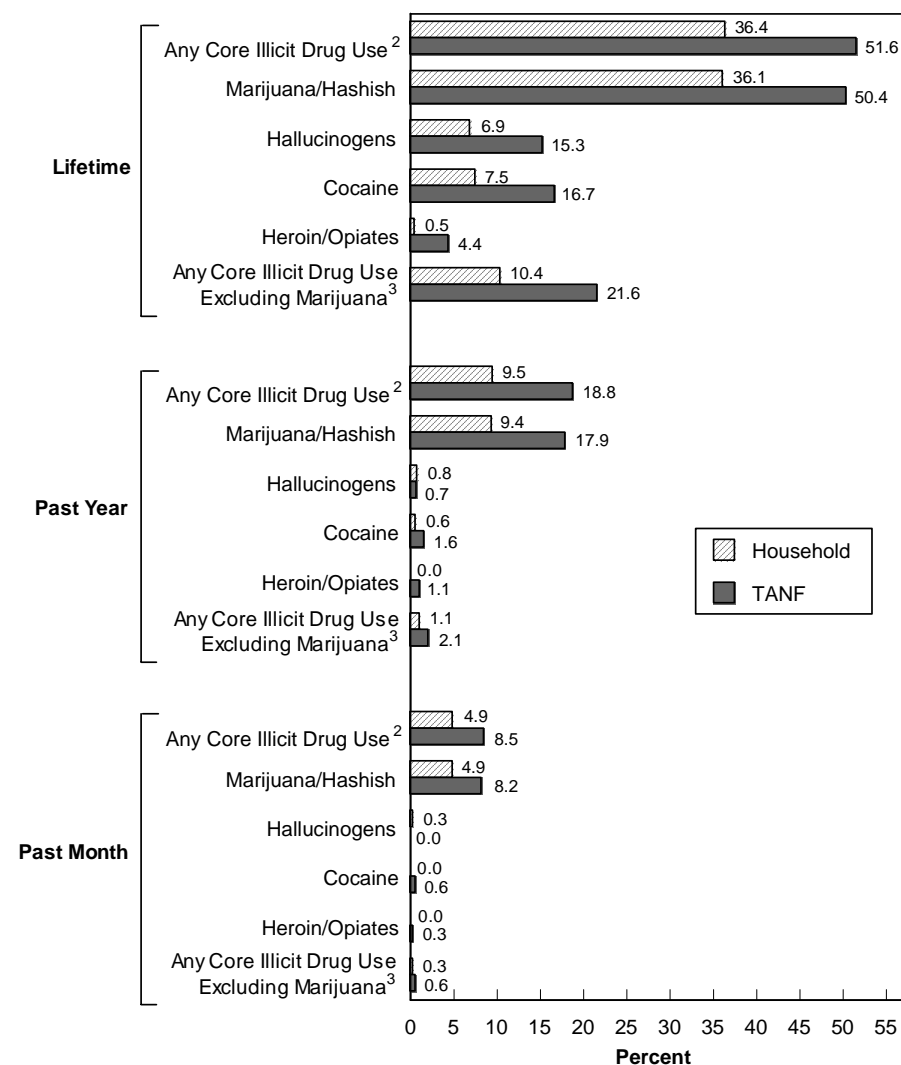
Of the three areas, the Greater Rockland area reported the highest rate of heavy alcohol use in the past year (22%). Cumberland County had the highest rate of past month heavy alcohol use (7%) (*Table E.3* in Appendix E).

More than half of TANF recipients in the three areas used some core illicit drug during their lifetime, whereas almost one fifth used in the past year, and 9% used in the past month.

4.3 Prevalence of Illicit Drug Use

According to *Figure 4.3*, more than half of TANF recipients in the three areas used some core illicit drug during their lifetime, whereas almost one fifth used in the past year, and 9% used in the past month. *Table 4.4* shows that these percentages translate into an estimated 1,824 recipients for lifetime use, 664 for past year use, and 301 for past month use. The 95% confidence interval, however, suggest that as many as 1,994 recipients may have used illicit drugs in their lifetime, while as many as 815 may have used these drugs in the past year, and 420 may have used them in the past month.

Figure 4.3 Prevalence of Use of Illicit Drugs Among Adult Female Respondents to the 1997 Maine Household Survey and the 2000 Survey of Maine TANF Recipients¹



Note: Based on weighted data.

¹Survey conducted in three areas: (1) Cumberland County, (2) Penobscot County (excluding Bangor and Brewer), and (3) Knox, Waldo, and Lincoln Counties.

²Use of marijuana or hashish, hallucinogens, cocaine (including crack), or heroin/opiates at least once.

³Use of hallucinogens, cocaine (including crack) or heroin/opiates at least once.

Sources: 1997 Maine Household Survey and 2000 Survey of Maine TANF Recipients conducted by RTI, Research Triangle Park, NC.

Table 4.4 Estimated Numbers of Users of Illicit Drugs Among Adult Female Respondents to the 1997 Maine Household Survey and the 2000 Survey of Maine TANF Recipients¹

Drug Use	Maine Household Survey		Survey of Maine TANF Recipients,	
	Number	95% CI	Number	95% CI
<u>Lifetime</u>				
Any Core Illicit Drug Use²	140,042	130,918 - 149,428	1,824	1,654 - 1,994
Marijuana/hashish	138,714	129,612 - 148,084	1,780	1,610 - 1,950
Hallucinogens	26,700	22,480 - 31,644	540	418 - 689
Cocaine	28,845	24,554 - 33,816	591	469 - 736
Heroin/opiates	1,832	921 - 3,637	155	95 - 251
Any Core Illicit Drug Use, Excluding Marijuana³	40,017	34,863 - 45,833	765	628 - 923
<u>Past Year</u>				
Any Core Illicit Drug Use²	36,477	31,313 - 42,390	664	537 - 815
Marijuana/hashish	36,308	31,153 - 42,214	632	506 - 781
Hallucinogens	2,893	1,642 - 5,083	25	7 - 82
Cocaine	2,232	1,179 - 4,217	57	25 - 129
Heroin/opiates	**	**	39	14 - 108
Any Core Illicit Drug Use, Excluding Marijuana³	4,240	2,621 - 6,840	73	36 - 145
<u>Past Month</u>				
Any Core Illicit Drug Use²	18,815	14,954 - 23,608	301	214 - 420
Marijuana/hashish	18,815	14,954 - 23,608	290	204 - 408
Hallucinogens	1,231	476 - 3,174	**	**
Cocaine	**	**	22	5 - 87
Heroin/opiates	**	**	11	2 - 77
Any Core Illicit Drug Use, Excluding Marijuana³	1,231	476 - 3,174	22	5 - 87

Note: Based on weighted data.

** Estimates equal to zero.

¹Survey conducted in three areas: (1) Cumberland County, (2) Penobscot County (excluding Bangor and Brewer), and (3) Knox, Waldo, and Lincoln Counties (Greater Rockland).

²Use of marijuana or hashish, hallucinogens, cocaine (including crack), or heroin/opiates at least once.

³Use of hallucinogens, cocaine (including crack) or heroin/opiates at least once.

Sources: 1997 Maine Household Survey and 2000 Survey of Maine TANF Recipients conducted by RTI, Research Triangle Park, NC.

TANF recipients used core illicit drugs in the past month and previous year at nearly twice the rate of adult females in general.

A comparison of adult females from the statewide household telephone survey and the TANF survey reveals that TANF recipients had substantially higher rates of any core illicit drug use (**Figure 4.3**). TANF recipients used core illicit drugs in the past month and past year at nearly twice the rate of adult females in general (9% vs. 5%; 19% vs. 10%). Finally, more than one half of female TANF recipients in the three areas used any lifetime core illicit drug compared with approximately 36% of all adult females across the three areas.

Among the three areas, TANF recipients in the Greater Rockland area had the highest rate of lifetime use of any core illicit drugs. Cumberland County had the highest rates of past year and past month use (**Table E.3** in Appendix E).

4.3.1 Marijuana/Hashish

The estimates for marijuana or hashish use are nearly the same as the estimates for any core illicit drug use. Approximately 50% of TANF recipients in the three areas used marijuana or hashish during their lifetime, 18% used during the past year, and 8% used marijuana or hashish during the past month (**Figure 4.3**). An estimated 1,780 TANF recipients across the three areas had some lifetime use of marijuana or hashish (95% CI, 1,610 to 1,950). Approximately 632 recipients (95% CI, 506 to 781) used in the past year, and 290 recipients (95% CI, 204 to 408) used in the past month (**Table 4.4**).

Compared with adult household females, TANF recipients had substantially higher rates of marijuana or hashish use. The differences are virtually the same as the differences for any core illicit drug use discussed earlier. In general, rates for TANF recipients were nearly twice as high for past month and past year use, and one and one-half times higher for lifetime use.

The Greater Rockland area had the highest rate of lifetime use, and Cumberland County had the highest rates of marijuana or hashish use in the past year and past month (**Table E.3** in Appendix E).

4.3.2 Other Illicit Drugs

Approximately 22% of TANF recipients in the three areas were estimated to have used a core illicit drug other than marijuana in their lifetime, 2% used in the past year, and less than 1% used in the past month (**Figure 4.3**). These percentages translate into approximately 765 recipients (95% CI, 628 to 923) using drugs other than marijuana in their lifetime, 73 recipients (95% CI, 36 to 145) using in the previous year, and 22 recipients (95% CI, 5 to 87) using in the prior month (**Table 4.4**). Rates of other illicit drug use among TANF recipients in the three areas were twice as high as the rates for the general household population of adult women.

Cocaine. Cocaine use accounted for most of the other illicit drug use. The estimated lifetime cocaine use rate was 17% for TANF recipients in the three areas. Fewer than 2% used cocaine in the past year, and fewer than 1% used in the past month. Twice the percentage of TANF recipients used cocaine in the past year (2% vs. 1%) and in their lifetime (17% vs. 8%) compared with the general adult female population (*Figure 4.3*).

Among the three areas, Cumberland County had the highest rate of lifetime, past year, and past month use. Approximately 21% of TANF recipients in Cumberland County used cocaine in their lifetime, while 2% and 1% used cocaine in the past year and past month, respectively (*Table E.3* in Appendix E).

Heroin, Opiates, and Hallucinogens. Approximately 4% of TANF recipients used heroin or opiates during their lifetime, 1% used in the past year, and fewer than 1% used in the past month. Slightly more than 15% used hallucinogens in their lifetime (*Figure 4.3*). Female TANF recipients had a higher rate of heroin or opiate use than adult females across the three areas (*Figure 4.3*). Finally, Cumberland County had the highest overall rates of heroin/opiates and hallucinogen use by TANF recipients (*Table E.3* in Appendix E).

4.4 Factors Affecting Tobacco, Alcohol, and Illicit Drug Use

To determine what factors independently affected alcohol and illicit drug use, we ran three multivariate logistic regressions. The dependent variables were (1) whether the respondent was a current smoker, (2) whether the respondent was a heavy drinker in the past year, (3) whether she used marijuana in the past year, and (4) whether she used any illicit core drugs other than marijuana in the past year. The independent variables included age, education level, whether the recipient had a disability affecting her ability to work or the amount or kind of work she could perform, whether she had a personal or emotional problem in the past year, time since she first enrolled in welfare, and her county of residence. Race/ethnicity and marital status were not entered because of the homogeneity of the sample population on these dimensions (i.e., inadequate variation existed with which to test these factors).

The coefficients for age, education level, disability status, personal or emotional problem, and county of residence were significant in selected equations. Female TANF recipients aged 18 to 24 were 35% more likely to smoke, twice as likely to have been heavy alcohol users in the prior year, and 5 times as likely to have used illicit drugs compared with female TANF recipients aged 25 to 64 years (*Table 4.5*). The marijuana use equation also indicated that younger adult female TANF recipients

Table 4.5 Characteristics of Maine Adult Female TANF Recipients 2000:¹ Heavy Users of Tobacco, Alcohol, Marijuana, and Other Illicit Drugs in Past Year

Variable	Sample Number	Weighted Percent	Tobacco Use		Heavy Alcohol Use ²		Marijuana Use		Illicit Drug Use Other Than Marijuana ³	
			Odds Ratio ⁴	95% Confidence Interval ⁴	Odds Ratio ⁴	95% Confidence Interval ⁴	Odds Ratio ⁴	95% Confidence Interval ⁴	Odds Ratio ⁴	95% Confidence Interval ⁴
No. of Subjects/Intercept	438	100%	1.348	0.848 - 2.143	0.161	0.084 - 0.308	0.237	0.130 - 0.433	0.008	0.002 - 0.034
Age in Years										
18-24	83	20.1	1.916	1.015 - 3.620*	2.148*	1.105 - 4.177	1.441	0.670 - 3.097	5.013*	1.241 - 20.242
25-64	355	79.9	1.000	---	1.000	---	1.000	---	1.000	---
Education Level										
Less than high school	89	22.0	1.514	0.838 - 2.735	0.686	0.329 - 1.430	0.274*	0.110 - 0.678	0.933	0.239 - 3.644
High school graduate	349	78.0	1.000	---	1.000	---	1.000	---	1.000	—
Disabled										
Yes	188	40.6	1.780	1.092 - 2.901*	0.919	0.497 - 1.701	0.834	0.456 - 1.523	3.996*	1.221 - 13.077
No	250	59.4	1.000	---	1.000	---	1.000	---	1.000	---
Personal or Emotional Problem in Past Year										
Yes	182	40.5	1.155	0.727	0.992	0.559 - 1.757	2.939*	1.634 - 5.285	1.520	0.487 - 4.745
No	256	59.5	1.000	---	1.000	---	1.000	---	1.000	---
Time Since First Enrolled in Welfare										
< 2 years	77	18.6	0.704	0.388 - 1.278	0.668	0.317 - 1.408	0.925	0.409 - 2.089	0.545	0.085 - 3.517
≥ 2 years	361	81.4	1.000	---	1.000	---	1.000	---	1.000	---

See notes at end of table.

(continued)

Table 4.5 (continued)

Variable	Sample Number	Weighted Percent	Tobacco Use		Heavy Alcohol Use ²		Marijuana Use		Illicit Drug Use Other Than Marijuana ³	
			Odds Ratio ⁴	95% Confidence Interval ⁴	Odds Ratio ⁴	95% Confidence Interval ⁴	Odds Ratio ⁴	95% Confidence Interval ⁴	Odds Ratio ⁴	95% Confidence Interval ⁴
Area										
Cumberland County	138	49.3	1.000	---	1.000	---	1.000	---	1.000	---
Penobscot County	160	29.0	0.776	0.461 - 1.306	0.910	0.449 - 1.844	0.394*	0.201 - 0.773	0.630	0.130 - 3.042
Knox, Waldo, and Lincoln Counties (Greater Rockland)	140	21.6	0.853	0.519 - 1.401	1.722	0.888 - 3.337	0.560	0.297 - 1.058	0.452	0.071 - 2.860

*Statistically significant at $\alpha = 0.05$.

¹Survey conducted in three areas: (1) Cumberland County, (2) Penobscot County (excluding Bangor and Brewer), and (3) Knox, Waldo, and Lincoln Counties (Greater Rockland).

²Defined as weekly consumption of four or more drinks in a 24-hour period.

³Use of hallucinogens, cocaine (including crack) or heroin/opiates.

⁴Computed in weighted multivariate logistic equations that include all variables in the table as independent variables. The ORs for any particular variable are interpreted relative to a reference value (indicated by an OR of 1.000). A value <1.000 indicates that the woman with the characteristic is less likely than a woman with the reference group characteristic to have used the substance being estimated, and a value >1.000 indicates that the woman with the characteristic is more likely than the woman with the reference group characteristic to have used the substance. For example, women aged 18 to 24 years were twice as likely as women aged 25 to 64 years of age to have been a heavy alcohol user, and women with less than high school education were only 27% as likely as women who had finished high school to have used marijuana.

Source: 2000 Survey of Maine TANF Recipients conducted by RTI, Research Triangle Park, NC.

Disabled recipients were 4 times as likely as nondisabled recipients to have used other illicit drugs, and recipients with personal or emotional problems were 3 times as likely to have used marijuana than recipients with no such problems in the past year.

were more likely to have used marijuana in the past year, but the coefficient for this variable was not statistically significant in that equation. The regression results indicated that TANF recipients who had not finished high school were less likely than high school graduates to be heavy drinkers or use illicit drugs. However, only the coefficient on the marijuana use equation was statistically significant; adult female TANF recipients with less than a high school education were 27% as likely as those with at least a high school diploma to have used marijuana in the prior year. Disabled recipients were almost 80% more likely to smoke and were 4 times as likely to have used illicit drugs other than marijuana compared to nondisabled recipients. Recipients with personal or emotional problems were 3 times as likely to have used marijuana than recipients with no such problems in the past year. Although the regression results show that adult females on welfare for longer periods of time were more likely to be heavy drinkers and to use marijuana and other illicit drugs, the coefficients for this variable were not statistically significant in these equations. Finally, TANF recipients residing in Penobscot County were only 40% as likely as residents of Cumberland County to have used marijuana in the past year.

4.5 Summary

In the three study areas, adult female TANF recipients had higher rates of substance use compared with adult females in the general household population.

- TANF women were more likely than their general household peers to have been smokers and to smoke more often.
- Adult females in the general household population were more likely to have used alcohol in the past year or past month. However, adult female TANF recipients were 3 times as likely as adult females in the general household population to have used alcohol heavily in the past year.
- Overall, TANF recipients reported higher rates of illicit substance use than adult females in the State household telephone survey. For any core illicit drug use, one and one-half as many TANF recipients reported lifetime use, and nearly twice as many reported past year and past month use. TANF recipients reported higher use rates for all specific illicit drugs investigated, except past month and past year use of hallucinogens.
- TANF recipients who were younger were more likely to use alcohol heavily. Experiencing an emotional or personal problem was a significant risk factor for marijuana use, and being younger or disabled increased the likelihood that the recipient smoked or used illicit drugs other than marijuana.

5. Need for Treatment or Intervention for Alcohol and Illicit Drug Use

We applied criteria of substance dependence, abuse, and problem use to identify TANF recipients in need of alcohol or drug treatment or intervention. In this chapter, we present first the estimated percentages of TANF recipients with specific substance use problems in their lifetime and in the past year, and then estimates of the numbers of recipients residing in the three study areas who were in need of alcohol or drug treatment or intervention in the past year. We also present a multivariate analysis of characteristics affecting the need for treatment or intervention and a description of recipients' alcohol or drug treatment history. Comparisons are made with similar data for adult females from the 1997 statewide telephone survey.

5.1 Specific Problems Associated with Alcohol or Illicit Drug Use

Tables 5.1 and 5.2 show percentages of TANF recipients in the three study areas who had specific problems associated with their use of alcohol or illicit drugs. These problems correspond to the symptoms of dependence or abuse described in *Appendix C*. It is important to note that just because a person had a given problem does not necessarily mean that this person would meet diagnostic criteria for dependence or abuse. The percentages of women with specific problems are provided to show which problems were contributing most to the occurrence of dependence or abuse.

Overall, rates of problems associated with alcohol use for TANF recipients were greater than the corresponding rates for problems associated with the use of illicit drugs.

Overall, rates of problems associated with alcohol use for TANF recipients were greater than the corresponding rates for problems associated with the use of illicit drugs. *Used larger amounts or for longer periods than intended* was the most commonly occurring problem for lifetime and past year alcohol use and lifetime illicit drug use. Approximately 23% of TANF recipients reported *used larger amounts or for longer periods than intended* as a problem associated with lifetime alcohol use, 8% reported it as a problem associated with past year alcohol use, and 10% reported it as a problem associated with lifetime any core illicit drug use. *Continued use despite emotional problems* was the most commonly reported problem for past year illicit drug use.

Table 5.1 Percentages Reporting Substance Use Problems in Their Lifetime and the Past Year Among Adult Female Respondents to the 1997 Maine Household Survey and the 2000 Survey of Maine TANF Recipients¹

Substance Use Problem	Maine Household Survey, 1997				Survey of Maine TANF Recipients, 2000			
	Alcohol		Any Core Illicit Drug ²		Alcohol		Any Core Illicit Drug	
	Lifetime	Past Year	Lifetime	Past Year	Lifetime	Past Year	Lifetime	Past Year
Used larger amounts or for longer periods than intended	11.9	4.8	3.2	0.9	22.9	7.7	9.7	2.6
Use in hazardous situations	6.5	1.4	1.8	0.4	16.5	2.4	4.8	1.5
Interference with work, school, or household responsibilities	5.3	1.4	3.4	0.8	16.0	1.2	9.3	2.9
Had withdrawal symptoms	4.9	1.3	2.7	0.7	15.8	**	8.4	2.7
Great deal of time using/getting over effects	4.8	0.8	2.7	0.6	15.6	1.8	8.8	2.8
Developed tolerance	8.1	2.9	2.6	0.6	14.0	2.0	6.6	1.8
Unsuccessful attempts to quit, cut down, or control	5.9	2.0	2.1	0.5	13.4	3.9	5.5	2.4
Continued use despite emotional problems	4.1	1.4	2.5	0.9	10.9	2.9	6.5	3.4
Used to prevent or relieve withdrawal symptoms	4.0	1.0	1.3	0.3	10.7	2.4	4.1	1.7
Continued use despite health problems	3.2	1.1	0.6	0.1	9.0	3.6	1.9	0.8
Given up/reduced important activities	2.9	0.6	1.7	0.3	8.6	0.8	5.1	0.8

Note: Based on weighted data.

**Estimates equal to zero.

¹Survey conducted in three areas: (1) Cumberland County, (2) Penobscot County (excluding Bangor and Brewer), and (3) Knox, Waldo, and Lincoln Counties.

²Use of marijuana or hashish, hallucinogens, cocaine (including crack), or heroin/opiates.

³For lifetime, as diagnosed by the DSM-III-R (1987), experienced three or more of the mentioned problems and experienced some of these problems for a month or more on a number of occasions. For past year, met the lifetime DSM-III-R (1987) criteria for dependence on a given drug, used the drug in the past 12 months, and had one or more symptoms of dependence on that drug in the past 12 months.

⁴For lifetime, as diagnosed by the DSM-III-R (1987), never had a lifetime diagnosis of dependence, and continued to use a drug despite adverse consequences, or used in hazardous situations. For past year, met lifetime DSM-III-R (1987) criteria for abuse of given drug, used that drug in the past 12 months, and had one or more symptoms of abuse for that drug in the past 12 months.

Sources: 1997 Maine Household Survey and 2000 Survey of Maine TANF Recipients conducted by RTI, Research Triangle Park, NC.

Table 5.2 Percentages Reporting Substance Dependence and Abuse in Their Lifetime and the Past Year Among Adult Female Respondents to the 1997 Maine Household Survey and the 2000 Survey of Maine TANF Recipients¹

Substance Use Problem	Maine Household Survey, 1997		Survey of Maine TANF Recipients, 2000	
	Lifetime	Past Year	Lifetime	Past Year
Alcohol				
Dependence ²	6.6	2.6	17.6	5.1
Abuse ³	2.8	0.6	2.3	0.8
Any Core Illicit Drug ⁴				
Dependence ²	2.9	1.0	7.9	3.1
Abuse ³	0.5	0.4	0.5	0.3
Alcohol or Any Core Illicit Drug ⁴				
Dependence ²	7.8	3.1	21.2	7.3
Abuse ³	2.7	0.8	2.2	0.9

Note: Based on weighted data.

¹Survey conducted in three areas: (1) Cumberland County, (2) Penobscot County (excluding Bangor and Brewer), and (3) Knox, Waldo, and Lincoln Counties.

²For lifetime, as diagnosed by the DSM-III-R (1987), experienced three or more of the mentioned problems and experienced some of these problems for a month or more on a number of occasions. For past year, met the lifetime DSM-III-R (1987) criteria for dependence on a given drug, used the drug in the past 12 months, and had one or more symptoms of dependence on that drug in the past 12 months.

³For lifetime, as diagnosed by the DSM-III-R (1987), never had a lifetime diagnosis of dependence, and continued to use a drug despite adverse consequences, or used in hazardous situations. For past year, met lifetime DSM-III-R (1987) criteria for abuse of given drug, used that drug in the past 12 months, and had one or more symptoms of abuse for that drug in the past 12 months.

⁴Use of marijuana or hashish, hallucinogens, cocaine (including crack), or heroin/opiates.

Sources: 1997 Maine Household Survey and 2000 Survey of Maine TANF Recipients conducted by RTI, Research Triangle Park, NC.

Approximately 16% of TANF recipients reported each of the following as problems associated with lifetime alcohol use: *use in hazardous situations; interference with work, school, or household responsibilities; had withdrawal symptoms; and great deal of time using/getting over effects*. For any lifetime core illicit drug use, 9% reported *interference with work, school or household responsibilities; great deal of time using/getting over effects*. Approximately 8% reported *withdrawal symptoms*.

Compared with the TANF recipients, adult females from the household telephone survey reported lower percentages of problems associated with alcohol and any core illicit drug use. **Table 5.1** does show that *using larger amounts of substances or for longer periods than intended* was the most commonly reported problem among the general adult female population. However, TANF recipients reported this problem 2 to 3 times more than the general female population.

According to **Table 5.2**, nearly 18% of TANF recipients met the criteria for dependence on alcohol in the lifetime, whereas 5% met the criteria for past year dependence on alcohol. Dependence on illicit drugs was lower, with 8% meeting the criteria for lifetime dependency and 3% meeting the past year criteria. More than 20% met the lifetime criteria for dependence on alcohol or any core illicit drugs, whereas 7% met the criteria for dependence in the past year. About 2% met the criteria for lifetime alcohol abuse and fewer than 1% met the same criteria for past year alcohol abuse and lifetime and past year core illicit drug abuse.

As noted in **Table E.4** in Appendix E, Cumberland County had the highest rate of lifetime (19.5%) and past year alcohol dependency (7.7%), lifetime (10.5%) and past year (4.6%) any core illicit drug dependency, and past year alcohol abuse (1%). The Greater Rockland area had the highest rate of lifetime alcohol abuse (4.2%).

Estimates from the 1997 household survey were slightly higher for lifetime alcohol abuse and past year any core illicit drug abuse compared with estimates from the TANF survey (**Table 5.2**). However, 3 times as many TANF recipients reported lifetime alcohol and past year core illicit drug dependency, while twice as many reported past year alcohol and lifetime any core illicit drug dependency.

5.2 Overall Prevalence of Need

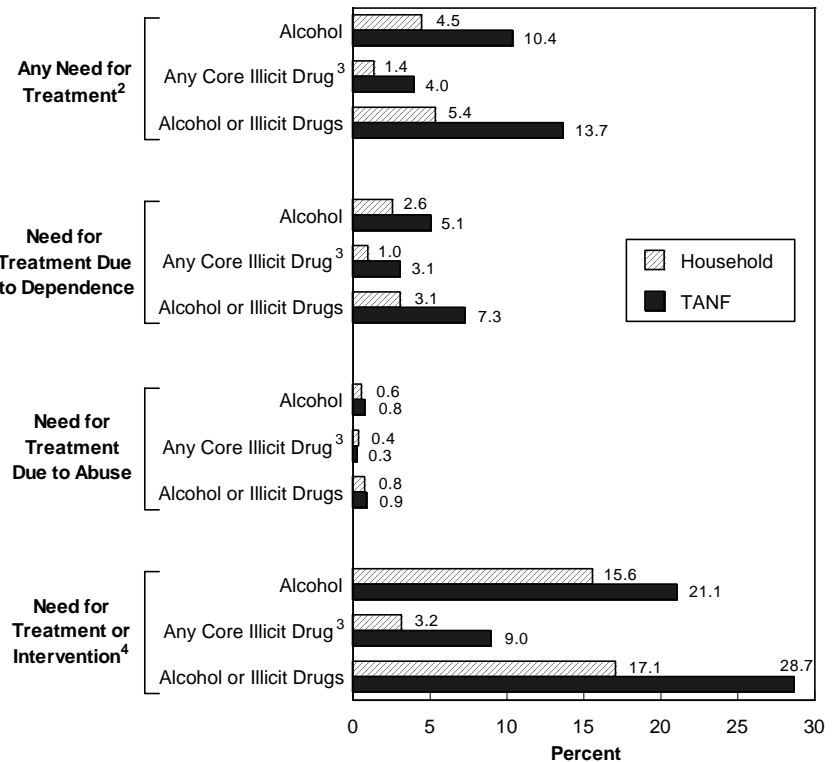
The percentages of TANF recipients in the three study areas considered to be in need of substance abuse treatment, treatment due to dependence, treatment due to abuse, and treatment or intervention in the past year are presented in **Figure 5.1**. The corresponding estimated numbers are presented in **Table 5.3**. The same rates and numbers are provided for adult females from the 1997 Maine household survey.

5.2.1 Need for Treatment

The estimates shown in **Figure 5.1** indicate that approximately 10% of TANF recipients were in need of treatment for alcohol in the past year, while 4% were in need of treatment for any core illicit drug use. Nearly 14% were in need of treatment for alcohol or illicit drugs. These rates correspond to approximately 368 (alcohol), 143 (any core illicit drug), and 484 (alcohol or illicit drugs) TANF recipients in need of treatment in the past year (**Table 5.3**).

Of those TANF recipients estimated to be in need of treatment, more than half were estimated to need treatment because of dependence on alcohol or illicit drugs. **Figure 5.1** shows about 5% were in need of treatment due to alcohol dependence, and 3% were in need of treatment due to any core illicit drug dependence; fewer than 1% needed treatment

Figure 5.1 Percentages of Adult Female Respondents to the 1997 Maine Household Survey and the 2000 Survey of Maine TANF Recipients¹ Who Were in Need of Alcohol or Illicit Drug Use Treatment or Intervention in the Prior Year



Note: Based on weighted data.

¹ Survey conducted in three areas: (1) Cumberland County, (2) Penobscot County (excluding Bangor and Brewer), and (3) Knox, Waldo, and Lincoln Counties (Greater Rockland).

² Includes people who (1) received treatment in the past 12 months, (2) people needing treatment due to dependence, (3) people needing treatment due to abuse, and (4) people who exhibited a current "problem" pattern of substance use. Recipients needed to report 1 or more of 9 symptoms in the past 12 months to be in need of treatment due to dependence. Among recipients who did not meet dependence criteria, a pattern of substance abuse was characterized by (1) continued substance use despite knowledge of persistent or recurrent problems caused or exacerbated by substance use, or (2) recurrent use in hazardous situations. See Appendix C for more detail.

³ Includes marijuana or hashish, hallucinogens, cocaine (including crack), or heroin/opiates.

⁴ Includes (1) recipients in the "need for treatment" category; (2) those who had 1 or more lifetime symptoms of dependence or abuse but no diagnosis, had 1 or more symptoms of dependence or abuse in the past 12 months, and used that substance in the past 12 months; and (3) recipients who never met lifetime dependence or abuse criteria and did not report any symptoms of dependence or abuse in the past 12 months, but who had 1 or more lifetime symptoms of dependence or abuse but no diagnosis and reported a "problem" pattern of use. See Appendix C for more detail.

Sources: 1997 Maine Household Survey and 2000 Survey of Maine TANF Recipients conducted by RTI, Research Triangle Park, NC.

Table 5.3 Estimated Numbers of Adult Female Respondents to the 1997 Maine Household Survey and the 2000 Survey of Maine TANF Recipients¹ Who Were in Need of Alcohol or Illicit Drug Use Treatment or Intervention in the Prior Year

Measure	Maine Household Survey, 1997		Survey of Maine TANF Recipients, 2000	
	Number	95% CI	Number	95% CI
Any Need for Treatment²				
Alcohol	17,377	14,054 - 21,441	368	269 - 499
Any core illicit drug ³	5,411	3,584 - 8,148	143	86 - 237
Alcohol or illicit drugs	20,870	17,066 - 25,463	484	370 - 626
Need for Treatment Due to Dependence				
Alcohol	9,958	7,541 - 13,123	180	110 - 289
Any core illicit drug ³	4,008	2,455 - 6,526	108	60 - 193
Alcohol or illicit drugs	11,895	9,174 - 15,390	258	174 - 378
Need for Treatment Due to Abuse				
Alcohol	2,435	1,375 - 4,302	28	9 - 87
Any core illicit drug ³	1,403	659 - 2,980	11	2 - 77
Alcohol or illicit drugs	3,050	1,817 - 5,108	33	11 - 100
In Need of Treatment or Intervention⁴				
Alcohol	60,302	53,764 - 67,473	747	614 - 901
Any core illicit drug ³	12,380	9,558 - 16,000	318	228 - 439
Alcohol or illicit drugs	65,913	59,094 - 73,343	1,016	862 - 1,184

Note: Based on weighted data.

¹Survey conducted in three areas: (1) Cumberland County, (2) Penobscot County (excluding Bangor and Brewer), and (3) Knox, Waldo, and Lincoln Counties (Greater Rockland).

²Includes people who received treatment in the past 12 months and people who exhibited a current "problem" pattern of substance use, in addition to people needing treatment due to dependence or abuse.

³Marijuana or hashish, hallucinogens, cocaine (including crack), or heroin/opiates.

⁴Includes the "any need for treatment" group.

Sources: 1997 Maine Household Survey and 2000 Survey of Maine TANF Recipients conducted by RTI, Research Triangle Park, NC.

because of alcohol or drug dependence. A much lower percentage of TANF recipients, less than 1%, were in need of treatment due to substance abuse.

TANF recipients in the three study areas were estimated to need treatment at a much higher rate than adult females in the general household population.

TANF recipients in the three study areas were estimated to need treatment at a much higher rate than adult females in the general household population. **Figure 5.1** shows that TANF recipients were estimated to need treatment for alcohol at more than twice the rate of adult household females (10.4% vs. 4.5%), at almost 3 times the rate for any core illicit drug treatment (4.0% vs. 1.4%), and at 2½ times the rate for treatment for alcohol or illicit drugs (13.7% vs. 5.4%). The same pattern emerges for need for treatment due to dependence, with TANF recipients estimated at twice the rate for alcohol (5.1% vs. 2.6%) and alcohol or illicit drug treatment (7.3% vs. 3.1%), and 3 times the rate for any core illicit drug treatment (3.0% vs. 1.0%). Estimated numbers of women needing treatment and 95% CIs of these estimates for TANF recipients in the three study areas and adult females in Maine households are presented in **Table 5.3**.

A comparison of the three study areas shows that Cumberland County had the highest estimated rate of need for treatment, treatment due to dependence, and treatment due to abuse. Penobscot County generally had the second highest rates (**Table E.5** in Appendix E).

5.2.2 Need for Treatment or Intervention

Figure 5.1 and **Table 5.3** also show the percentages and estimated numbers of TANF recipients in the three study areas who were considered to be in need of some form of treatment or intervention for their substance use. Estimates of the need for treatment or intervention provide a potential “upper-bound” indication of the size of the population at risk for problems related to their substance use, in contrast to the possibly more conservative estimates of need for actual treatment discussed in the previous section.

More than 2 in 10 TANF recipients, or an estimated 747 recipients, were in need of treatment or intervention in the past year due to alcohol use.

Again, alcohol accounted for much of the need for treatment or intervention services. More than 2 in 10 TANF recipients, or an estimated 747 recipients (95% CIs, 614 to 901) were in need of treatment or intervention in the past year due to alcohol use. An estimated 9% were in need of treatment or intervention (i.e., 318 recipients; 95% CIs, 228 to 439) for any core illicit drug use, and about 30% were in need of treatment or intervention for alcohol or illicit drug use in the past year (i.e., 1,016 recipients; 95% CIs, 862 to 1,184).

An estimated 16% of all adult females in the general household population were in need of treatment or intervention for alcohol compared with 21% of female TANF recipients. TANF recipients were about 3 times more likely to need treatment or intervention for any core

illicit drug than adult females in general (9.0% vs. 3.2%). In addition, TANF recipients also had a higher rate of need of treatment or intervention for alcohol or illicit drugs (29% vs. 17%).

Among the three study areas, TANF recipients in Cumberland County had the highest rates of need for treatment or intervention for alcohol (25%), any core illicit drug (13%), and alcohol or illicit drugs (35%). However, nearly one fifth of recipients in the Greater Rockland area needed treatment for alcohol or illicit drugs. Another one fifth in Penobscot County needed treatment for alcohol and one quarter needed treatment for alcohol or illicit drugs (*Table E.5* in Appendix E).

5.2.3 Factors Affecting Need for Treatment or Intervention

We investigated the characteristics that independently predicted the need for treatment or intervention for alcohol or illicit drug use in a multivariate logistic equation run on the full weighted sample of TANF recipients. The explanatory variables included in the equation were age, education level, whether the recipient had a disability affecting her ability to work or the amount or kind of work she could perform, whether she had a personal or emotional problem in the past year, time since she first enrolled in welfare, and her area of residence. Race/ethnicity and marital status were not entered because of the homogeneity of the sample population on these dimensions (i.e., inadequate variation existed with which to test these characteristics). The estimated odds ratios for the explanatory variables are shown in *Table 5.4*.

Characteristics predictive of heavy alcohol, marijuana, and other illicit drug use were also predictive of need for substance abuse treatment or intervention. TANF recipients aged 18 to 24 were 14 times more likely and those aged 25 to 44 years were almost 5 times more likely to need treatment or intervention than recipients aged 45 to 64 years. Recipients with less than a high school education were 28% as likely as recipients with some postsecondary education to need treatment or intervention. A personal or emotional problem in the past year more than doubled the need for treatment, but the disabled were no more likely than nondisabled recipients to have been in need of treatment or intervention for alcohol or illicit drug use. TANF recipients in Penobscot County and the Greater Rockland area were significantly less likely than recipients in Cumberland County to have been in need of substance abuse treatment or intervention. Furthermore, as predicted, TANF recipients on welfare for 3 or more years were significantly more likely to be in need of treatment or intervention than TANF recipients on welfare for fewer than 2 years.

Table 5.4 Characteristics of Maine Adult Female TANF Recipients¹ Who Were in Need of Treatment or Intervention for Alcohol or Illicit Drug Use, 2000

Variable	Estimated Number	Unweighted Percent	Weighted Percent	Odds Ratio ²	95% Confidence Interval ²
No. of Subjects/Intercept	438	100%	100%	0.146	0.044 - 0.491
Age in Years					
18-24	83	19.0	20.1	14.257*	3.985 - 50.998
25-44	317	72.4	73.5	4.759*	1.575 - 14.380
45-64	38	8.7	6.4	1.000	---
Education Level					
Less than high school	89	20.3	22.0	0.281*	0.131 - 0.602
High school graduate	220	50.2	47.1	0.620	0.354 - 1.085
Some college	129	29.5	30.9	1.000	---
Disabled					
Yes	188	42.9	40.6	0.977	0.559 - 1.708
No	250	57.1	59.4	1.000	---
Had a Personal or Emotional Problem in Past Year					
Yes	182	41.6	40.5	2.233*	1.314 - 3.794
No	256	58.5	59.5	1.000	---
Time Since First Enrolled in Welfare					
< 2 years	77	17.6	18.6	0.434*	0.195 - 0.964
2-3 years	52	11.9	12.4	0.548	0.222 - 1.357
≥ 3 years	309	70.6	69.0	1.000	---
Area					
Cumberland County	138	31.5	49.3	1.000	---
Penobscot County	160	36.5	29.0	0.519*	0.295 - 0.912
Knox, Waldo, & Lincoln Counties (Greater Rockland)	140	32.0	21.6	0.390*	0.215 - 0.706

*Statistically significant at $\alpha = 0.05$.¹Survey conducted in three areas: (1) Cumberland County, (2) Penobscot County (excluding Bangor and Brewer), and (3) Knox, Waldo, and Lincoln Counties (Greater Rockland).²Computed in a multivariate logistic equation that includes all variables in the table as independent variables. The ORs for any particular variable are interpreted relative to a reference value (indicated by an OR of 1.000). A value <1.000 indicates that the woman with the characteristic is less likely than a woman with the reference group characteristic to have been in need of treatment or intervention, and a value >1.000 indicates that the woman with the characteristic is more likely than the woman with the reference group characteristic to have been in need of treatment or intervention. For example, women enrolled in welfare for <2 years were only 43.4% as likely as women enrolled for ≥3 years to have been in need of treatment or intervention, whereas women with <high school education were only 28.1% as likely as women who had some college or other training beyond high school to have been in need of treatment or intervention.

Source: 2000 Survey of Maine TANF Recipients conducted by RTI, Research Triangle Park, NC.

A very low percentage of adult female TANF recipients in the three study areas received any treatment or other assistance in the past year (9%) compared to the percentage in need of treatment or intervention (29%).

5.3 Treatment History

Table 5.5 shows the numbers and percentages of TANF recipients in the three study areas who had received various forms of treatment or assistance for their substance use in the past year. Only a very small percentage of the TANF recipients had received any kind of treatment, while a larger percentage had received other forms of assistance for substance use during the previous year. Slightly less than 4% of TANF recipients across the three study areas had received some kind of formal treatment. All TANF recipients who received treatment in the past year received some form of outpatient treatment. In addition,

- about half of these also received detoxification services,
- 15% received residential treatment, and
- 10% received services through a halfway house.

Close to 9% of TANF recipients in the three study areas received some form of other assistance, including

- mental health counseling (5%),
- Alcoholics Anonymous or other self-help groups (5%),
- pastoral counseling (6%), and
- operating under the influence (OUI) programs (1%).

Although a very low percentage of adult female TANF recipients in the three study areas received any treatment or other assistance in the past year (9%) compared with the percentage shown in Figure 5.1 in need of treatment or intervention (29%), a large discrepancy in these figures existed for the adult female household population as well—only 2% of these women received any alcohol or other drug treatment or intervention in the past year compared with 17% in need of such treatment or intervention. Furthermore, whereas almost one third of TANF recipients in need of treatment or intervention received some services, fewer than one eighth of the adult females in the general household population in need of treatment or intervention received any treatment or intervention, suggesting that the system was better able to identify and reach women already receiving some form of government assistance compared with women in the general household population who may have little or no contact with government-sponsored programs. More than 70% of women in need of treatment or intervention for substance use or abuse in the past year were in contact with TANF caseworkers during that time but still went without the needed care,

Table 5.5 Percentages and Estimated Numbers of Adult Female Respondents to the 1997 Maine Household Survey and the 2000 Survey of Maine TANF Recipients¹ Who Had Alcohol or Drug Treatment in the Prior Year

Measure ²	Maine Household Survey, 1997			Survey of ME TANF Recipients, 2000		
	Percent	Sample Number	95% CI	Percent	Sample Number	95% CI
Any Treatment³	0.4	1,719	682 - 4,317	3.6	128	74 - 220
Detoxification	0.1	515	131 - 2,022	1.8	63	27 - 146
Residential treatment	0.1	425	85 - 2,115	0.5	18	4 - 79
Halfway house	**	**	**	0.4	13	2 - 88
Outpatient treatment	0.4	1,719	682 - 4,317	3.6	128	74 - 220
Other Forms of Assistance⁴	2.1	7,962	5,715 - 11,065	8.6	303	214 - 425
Mental health counseling	0.3	1,076	447 - 2,584	5.2	184	116 - 290
Self-help groups	1.5	5,902	4,010 - 8,668	5.3	187	118 - 291
Pastoral counseling	0.9	3,285	1,923 - 5,598	5.7	202	129 - 312
OUI programs	0.1	344	76 - 1,554	0.6	22	5 - 103
Any Treatment or Other Assistance⁵	2.2	8,526	6,100 - 11,886	8.6	303	214 - 425

Note: Based on weighted data.

** Estimates equal to zero.

¹Survey conducted in three areas: (1) Cumberland County, (2) Penobscot County (excluding Bangor and Brewer), and (3) Knox, Waldo, and Lincoln Counties (Greater Rockland).

²Questions about treatment were not asked of respondents who were lifetime abstainers of alcohol or other drugs.

³Includes detoxification, residential treatment, halfway house services, or outpatient treatment.

⁴Includes substance abuse counseling through a mental health provider, attendance at self-help groups, receipt of pastoral counseling for substance abuse, or participation in programs for people arrested or convicted of operating under the influence (OUI).

⁵Any treatment or other assistance as defined in footnotes 2 and 3, respectively.

Sources: 1997 Maine Household Survey and 2000 Survey of Maine TANF Recipients conducted by RTI, Research Triangle Park, NC.

indicating an opportunity for intervention. This does not mean that State personnel are ignoring the needs of TANF recipients, but it does prove that a majority of TANF recipients in need of services went without the needed care and that there is a need for intervention.

At the area level, Cumberland County had the highest percentage of TANF recipients who had received treatment or other forms of assistance for substance use in the past year. Penobscot County reported the lowest percentages (**Table E.6** in Appendix E).

5.4 Summary

Our findings indicate that in the three study areas, adult female TANF recipients had higher rates of need for treatment or intervention compared with adult females in the household population.

- Approximately 29% of adult female TANF recipients were estimated to be in need of alcohol or drug treatment or intervention. This is in the range of estimates found in other studies of the U.S. welfare population (Olson & Pavetti, 1997; Young and Gardner, 1997) and slightly higher than the consensus estimate of 25% provided by Young and Gardner (1997).
- Similar to the findings in a study of New Jersey TANF recipients (Kline et al., 1999), we found a low percentage of TANF recipients receiving treatment or intervention for an alcohol- or drug-related problem in the year prior to the survey relative to the estimated percentage of recipients in need of such treatment.
- Compared with an estimated 36%, of New Jersey recipients (Kline et al., 1999), as few as 30% of Maine's TANF recipients in need of treatment or intervention received services for substance use during the prior year.

We also confirmed our hypothesis that substance abuse problems are more common in the welfare population than in the general household population.

- The prevalence of substance abuse problems were 2 to 3 times greater among adult female TANF recipients in 2000 than among adult females in the general household population in 1997.
- Treatment and intervention needs were greatest among 18 to 24-year-old TANF recipients, recipients with some postsecondary education, those with a personal or emotional problem in the prior year, those residing in Cumberland County, and those who had been on welfare for 3 or more years.

- Finally, we found that adult female TANF recipients in need of treatment or intervention were more likely than adult females in the general household population in need of treatment or intervention to have received treatment or other assistance. The greater likelihood of receiving treatment among TANF recipients is probably related to their greater interaction with government workers who are trained to recognize alcohol or drug problems and to counsel and facilitate receipt of services. Nevertheless, the majority of TANF recipients who could benefit from alcohol or drug treatment or intervention in 2000 reported that they did not receive such services.

6. Treatment Willingness and Barriers to Receiving Treatment

To provide better treatment services for TANF recipients, we must examine the reasons they do not receive or seek treatment for substance abuse problems. Many times, an individual may want treatment but because of special circumstances or barriers, he or she is unable to receive the services needed. This chapter examines the willingness of TANF recipients to receive treatment and the barriers they encounter in receiving treatment.

Nearly all recipients reported that they would be willing to get either an evaluation (90%) or treatment (92%).

The most common reason cited for not seeking treatment was that recipients were afraid they would lose their children (54%), not being able to pay household bills while in treatment (33%), not having anyone to care for their children (31%), and being afraid of losing their job (26%).

6.1 Willingness to Be Evaluated or Treated for Substance Abuse Problems

Study participants were asked whether they would be willing to get an evaluation or treatment if they or a doctor or professional determined that they were in need of an evaluation or treatment for a substance use problem. **Table 6.1** shows that nearly all recipients reported that they would be willing to get either an evaluation (90%) or treatment (92%). Recipients in need of alcohol or drug treatment or intervention were even slightly more willing to receive an evaluation or treatment. The high percentage of TANF recipients willing to get an evaluation or treatment for substance use together with the percentage of recipients estimated to be in need of treatment and to have actually received treatment (Chapter 5) suggest that significant barriers to treatment are present for this population.

6.2 Barriers to Receiving Treatment

Respondents were asked why they would not be willing to seek treatment for alcohol or drug abuse regardless of whether they were willing to get an evaluation or treatment for an alcohol or drug use problem. Although most felt they did not have an alcohol or drug use problem (53%), the most common reason cited for not seeking treatment was that recipients were afraid they would lose their children (54%). Other common reasons included not being able to pay household bills while in treatment (33%), not having anyone to care for their children (31%), and being afraid of losing their job (26%). Approximately 19% of recipients indicated they did not have insurance that covers or pays for treatment. However, all TANF recipients receive Medicaid, which pays for substance abuse treatment. This reveals that there may be a need to find creative ways to educate TANF recipients on the benefits they receive including supportive services such as child care and transportation assistance. It is also possible that recipients who indicated that their

Table 6.1 Percentages of Respondents to the 2000 Survey of Maine TANF Recipients¹ Reporting a Willingness to Be Evaluated or Treated for a Substance Abuse Problem and Reasons Respondents May Not Seek Treatment

	Sample Number	Weighted Percent
Total	448	100%
Respondents reporting that they would be willing to get an evaluation for an alcohol or drug use problem	406	90.4
Need treatment or intervention	109	92.6
Do not need treatment or intervention	297	89.6
Respondents reporting that they would be willing to get treatment for an alcohol or drug use problem if they needed it	413	92.4
Need treatment or intervention	111	94.6
Do not need treatment or intervention	302	91.5
Reasons that respondent would not be willing to seek treatment for alcohol or drug abuse		
Afraid of losing children	259	54.2
Doesn't have an alcohol or drug use problem	233	53.2
Wouldn't be able to pay household bills	156	32.8
Wouldn't have anyone to care for children	145	30.6
Afraid of losing job	129	25.8
Doesn't need help/can quit on own	113	23.0
Have too many responsibilities	89	19.3
Doesn't have insurance that covers/pays for treatment	97	19.2
Afraid of what people may think	88	18.8
Wouldn't have transportation to or from treatment	71	14.4
Her substance abuse does not hurt anyone	69	13.6
Would not get around to it	58	12.0
Partner would not let her or would be angry	15	3.1
Other reasons	11	2.6
Family would be against treatment	9	1.9
Respondents reporting at least one of the above reasons	417	93.9

¹Survey conducted in three areas: (1) Cumberland County, (2) Penobscot County (excluding Bangor and Brewer), and (3) Knox, Waldo, and Lincoln Counties (Greater Rockland).

Source: 2000 Survey of Maine TANF Recipients conducted by RTI, Research Triangle Park, NC.

insurance does not cover or pay for substance abuse treatment are individuals who may have been TANF recipients at the time the sample was drawn, but at the time of the survey were not receiving TANF or Medicaid. Although a third of the respondents said they would not be willing to seek treatment because they did not have childcare, Maine's DHS reported that 63% of ASPIRE-TANF participants had one or more children in childcare provided by DHS (Maine DHS, 2001d). Attitudes of the respondent or her family members toward treatment (e.g., her partner would not let her/would be angry, family would be against it) were less important. Approximately 94% of the respondents reported at least one of the reasons listed in *Table 6.1*.

About 18% of all TANF recipients in the three study areas indicated at least one reason they would not be able to afford treatment (*Table 6.2*). The most common reasons study participants gave for not being able to afford treatment were that it was too expensive (12%), they had too many bills to pay (11%), and their insurance did not pay for treatment (10%).

Table 6.2 Reasons Respondents to the 2000 Survey of Maine TANF Recipients¹ Cannot Afford Treatment

	Sample Number	Weighted Percent
Total	448	100%
Reasons that respondents cannot afford treatment		
Treatment is too expensive	63	12.4
Have too many bills to pay	52	10.8
Insurance does not pay for treatment	50	9.5
Couldn't afford childcare to attend treatment	41	8.1
Would not be able to work during treatment	39	7.5
Treatment programs want you to pay for services immediately	36	7.0
No free or low-cost State treatment programs exist	29	5.6
Couldn't afford transportation to attend treatment	20	3.8
Respondents reporting at least one of the above reasons	84	17.9

¹Survey conducted in three areas: (1) Cumberland County, (2) Penobscot County (excluding Bangor and Brewer), and (3) Knox, Waldo, and Lincoln Counties (Greater Rockland).

Source: 2000 Survey of Maine TANF Recipients conducted by RTI, Research Triangle Park, NC.

6.3 Summary

Almost all respondents indicated they would be willing to get an evaluation or get treatment for substance use if they or a doctor or professional determined they needed it. Recipients in need of alcohol or drug treatment or intervention were even slightly more willing to receive an evaluation or treatment. However, over half of recipients felt they did not have an alcohol or drug use problem.

Respondents were asked why they would not be willing to seek treatment for alcohol or drug use regardless of whether they were willing to get an evaluation or treatment for an alcohol or drug use problem. The most common reasons cited for not seeking treatment were that recipients were afraid they would lose their children or job, would not be able to pay household bills, and did not have anyone to care for their children. Nearly one fifth of recipients indicated they did not have insurance that covers or pays for treatment.

Approximately 18% of recipients in the three study areas indicated they could not afford treatment, even if they wanted it. Again, recipients reported they could not afford treatment because their insurance does not pay for treatment. However, all TANF recipients receive Medicaid, which pays for substance use treatment. This reveals that there is either a need to better educate TANF recipients on the benefits they receive, or that those individuals who indicated their insurance did not cover treatment were women who may have been receiving TANF at the time the sample was drawn, but at the time of the survey were not receiving TANF or Medicaid.

7. Impact of Substance Abuse Problems on Welfare Reform Goals

As described in Chapter 1, TANF provides temporary cash assistance to families with children when their financial resources are insufficient to meet subsistence needs, and PaS provides temporary assistance for families when the adult is enrolled in postsecondary educational institutions. ASPIRE provides case management and support services to help TANF/PaS families prepare for, find, and keep employment. The programs work together to help families quickly move from welfare to work and self-support.

From January 1993, before the inception of TANF, to June 2000, the welfare rolls in Maine declined 78%—from 67,836 to 14,813. This is significantly greater than the 53% decline in welfare recipients nationwide during this period.

To date, Maine has been very successful in meeting Federal work participation requirements for its TANF parents and thereby reducing the TANF caseload. From February 1998 to June 1999, 10,345 parents entered the workforce; approximately 35% of the caseload engaged in employment whereas other families worked their way off the TANF program (Maine DHS, 2001a). From January 1993, before the inception of TANF, to June 2000, the welfare rolls in Maine declined 78%—from 67,836 to 14,813 (Administration for Children and Families, 2000). This is significantly greater than the 53% decline in welfare recipients nationwide during this period. As of January 2001, there were 10,782 TANF/PaS families (Maine DHS, 2001c). The remaining TANF recipients include relatively new enrollees undergoing short spells of dependency and recipients who have been unsuccessful in obtaining and keeping a job.

In this chapter, we investigate the extent to which alcohol or drug problems may be preventing adult female TANF recipients from meeting the TANF goal of self-support. In particular, we examine the impact of the need for alcohol or drug treatment or intervention on two program outcomes: (1) employment status, and (2) voluntary and involuntary termination from TANF.

7.1 Employment

TANF recipients face many obstacles to employment: Welfare recipients typically lack job skills, have young and/or disabled children, and are without the means to obtain the childcare or transportation required for them to work. Many TANF recipients are disabled themselves. Furthermore, as shown in Chapter 5, 29% met the criteria for needing alcohol or drug treatment or intervention, but few of those in need of treatment or intervention (9%) received any services.

Significant predictors of whether TANF recipients were employed included education level and whether the woman was disabled, had a child under 2 years of age, and had no public or private means of transportation.

To determine the extent to which the need for alcohol or drug treatment or intervention affected recipients' ability to obtain a job, we ran a logistic regression on recipients' employment status at the time of the survey while controlling for various demographic, socioeconomic, and health characteristics of the individual, as well as for selected program factors and barriers to employment. Health characteristics included in the model were the recipient's self-assessed general health status, whether she had a disability affecting her ability to work or the kind of work she could perform, and whether she had been pregnant during the previous 12 months. Program factors included whether the recipient had first enrolled in welfare fewer than 2 years earlier and whether she was currently in a job training program. Finally, barriers to employment included whether she had children residing with her who were under 2 years of age, whether she had a disabled child, whether she had to rely on public transportation, and whether no public or private transportation was readily available to her.

The means and 95% CIs for the ORs computed from the estimated coefficients of the various explanatory variables in the logistic equation are shown in **Table 7.1**. The estimated coefficients were generally of the expected sign and magnitude. Significant predictors of whether TANF recipients were employed included education level and whether the woman was disabled, had a child under 2 years of age, and had no public or private means of transportation. Although the coefficient for whether the woman was in need of alcohol or drug treatment or intervention was negative, indicating that women with treatment needs were less likely than women without treatment needs to be employed, it was not statistically significant. Women without high school diplomas were 37% as likely as women with some postsecondary education to be employed; disabled women were only 16% as likely as nondisabled women to be employed; women with young children were 46% as likely as women without young children to be employed; and women without a means of transportation were 31% as likely as women with a private vehicle and valid driver's license to be employed. Age, self-perceived health status, a recent pregnancy, duration of welfare receipt, job training status, whether the woman had a disabled child, and county of residence had no statistically significant effect on employment status among adult female TANF recipients.

7.2 Termination from TANF

TANF has economic sanctions for noncompliance with program expectations. In Section 3.4, we found that 39% of recipients had stopped receiving welfare checks for more than 1 month in the previous 3 years and that about half of these terminations (46%) had been involuntary. To determine the extent to which alcohol or drug

Table 7.1 Determinants of Employment Status Among Maine Adult Female TANF Recipients,¹ 2000

Variable	Sample Number	Weighted Percent	Odds Ratio ²	95% Confidence Interval ²
Total/Intercept	439	100%	3.326	1.085 - 10.197
Age in Years				
18-24	83	20.1	0.892	0.267 - 2.987
25-44	316	73.1	1.106	0.402 - 3.043
45-64	40	6.8	1.000	---
Education Level				
Less than high school	88	21.5	0.374*	0.178 - 0.790
High school graduate	222	47.6	0.607	0.345 - 1.067
Some college	129	30.9	1.000	---
General Health Assessment				
Poor	27	5.0	0.572	0.184 - 1.772
Fair	112	24.0	0.942	0.511 - 1.734
Good to excellent	300	71.0	1.000	---
Disabled				
Yes	190	41.1	0.161*	0.089 - 0.288
No	249	59.0	1.000	---
Pregnant in Past Year				
Yes	51	12.3	0.585	0.265 - 1.292
No	388	87.7	1.000	---
Needed Substance Abuse Treatment/Intervention				
Yes	117	28.9	0.792	0.441 - 1.423
No	322	71.1	1.000	---
Time Since First Enrolled in Welfare				
< 2 years	77	18.6	1.125	0.549 - 2.308
≥ 2 years	362	81.4	1.000	---
Currently in Job Training				
Yes	61	13.8	0.650	0.319 - 1.323
No	378	86.2	1.000	---
See notes at end of table				(continued)

Table 7.1 (continued)

Variable	Sample Number	Weighted Percent	Odds Ratio ²	95% Confidence Interval ²
Have Child Under 2 Years of Age				
Yes	69	16.5	0.460*	0.225 - 0.944
No	370	83.5	1.000	---
Have Disabled Child				
Yes	62	13.0	1.596	0.851 - 2.994
No	377	87.0	1.000	---
Transportation				
No vehicle or public transportation	57	11.5	0.310*	0.145 - 0.664
Public transportation only	61	17.1	0.682	0.323 - 1.443
Have vehicle and valid license	321	71.4	1.000	---
Area				
Cumberland County	138	49.2	1.000	---
Penobscot County	160	29.0	0.932	0.533 - 1.629
Knox, Waldo, & Lincoln Counties	141	21.8	1.384	0.765 - 2.506

*Statistically significant at $\alpha = 0.05$.

¹Survey conducted in three areas: (1) Cumberland County, (2) Penobscot County (excluding Bangor and Brewer), and (3) Knox, Waldo, and Lincoln Counties (Greater Rockland).

²Computed in a multivariate logistic equation that includes all variables in the table as independent variables. The ORs for any particular variable are interpreted relative to a reference value (indicated by an OR of 1.000). A value <1.000 indicates that the woman with the characteristic is less likely than a woman with the reference group characteristic to have been employed, and a value >1.000 indicates that the woman with the characteristic is more likely than the woman with the reference group characteristic to have been employed. For example, disabled women were only 16% as likely as nondisabled women to have been employed, whereas women aged 25 to 44 years were 1.1 times as likely as women aged 45 to 64 years to have been employed, although this latter estimate was not statistically significant.

Source: 2000 Survey of Maine TANF Recipients conducted by RTI, Research Triangle Park, NC.

problems resulted in either voluntary or involuntary termination of TANF benefits, we ran a multinomial logistic regression on whether the individual's checks had voluntarily or involuntarily stopped for 1 month or more in the past 3 years.¹ We controlled for age, education, disability status, time since first enrolled in welfare, and county of residence.

The results of the multinomial analysis are shown in **Table 7.2**. None of the estimated coefficients were statistically significant. The coefficients for all the variables, except whether the woman needed alcohol or drug treatment or intervention and county of residence, were similar in both the voluntary and involuntary termination equations. The need for substance abuse treatment or intervention increased voluntary terminations and decreased involuntary termination, but the effects were too small to be statistically significant with our sample size.

7.3 Summary

TANF clients face many obstacles to employment. Our results show that the usual barriers to employment contributed to the unemployment of adult female TANF recipients in our sample.

Significant predictors of whether TANF recipients were employed included education level, whether the women was disabled, had a child under 2 years of age, and had no means of transportation.

- Women without a high school education were 37% as likely as women with some postsecondary education to be employed.
- Disabled women were only 16% as likely as women without disabilities to be employed.
- Women with children under 2 years old were almost half as likely to be employed as women without young children.
- Women without transportation were slightly less than a third as likely as women with a private vehicle and a valid driver's license to be employed.

Our findings also indicated that women with treatment needs were less likely than women without treatment needs to be employed. However, this coefficient was not statistically significant, so no conclusions could be drawn with respect to the effect of substance abuse treatment needs on their ability to work. This was also the case with regard to voluntary and involuntary termination of benefits.

¹For recipients with more than one time interval in the past 3 years during which their TANF checks had been terminated for 1 month or longer, their last termination was used to categorize them as voluntarily or involuntarily terminated.

Table 7.2 Determinants of Voluntary and Involuntary Terminations from TANF Among Maine Adult Female Recipients,¹ 2000

Variable	Voluntary Termination		Involuntary Termination	
	Odds Ratio ²	95% Confidence Interval ²	Odds Ratio ²	95% Confidence Interval ²
Total/Intercept	0.306	0.087 - 1.073	0.186	0.046 - 0.759
Age in Years				
18-24	1.897	0.502 - 7.169	1.449	0.384 - 5.462
25-44	1.798	0.583 - 5.544	1.624	0.476 - 5.535
45-64	1.000	---	1.000	---
Education Level				
Less than high school	0.615	0.269 - 1.402	0.830	0.358 - 1.923
High school graduate	0.885	0.466 - 1.682	1.178	0.617 - 2.248
Some college	1.000	---	1.000	---
Disabled				
Yes	0.576	0.322 - 1.030	0.621	0.342 - 1.128
No	1.000	---	1.000	---
Needed Substance Abuse Treatment/Intervention				
Yes	1.329	0.730 - 2.421	0.848	0.451 - 1.594
No	1.000	---	1.000	---
Time Since First Enrolled in Welfare				
< 2 years	0.672	0.292 - 1.546	0.887	0.423 - 1.860
≥ 2 years	1.000	---	1.000	---
Area				
Cumberland County	1.000	---	1.000	---
Penobscot County	0.900	0.491 - 1.651	1.387	0.712 - 2.702
Knox, Waldo, & Lincoln Counties	0.882	0.459 - 1.695	1.907	0.952 - 3.817

*Statistically Significant at $\alpha = 0.05$.¹ Survey conducted in three areas: (1) Cumberland County, (2) Penobscot County (excluding Bangor and Brewer), and (3) Knox, Waldo, and Lincoln Counties (Greater Rockland).² Computed in a multivariate logistic equation that includes all variables in the table as independent variables. The ORs for any particular variable are interpreted relative to a reference value (indicated by an OR of 1.000). A value <1.000 indicates that the woman with the characteristic is less likely than a woman with the reference group characteristic to have quit the program or have been terminated, and a value >1.000 indicates that the woman with the characteristic is more likely than the woman with the reference group characteristic to have quit the program or have been terminated. For example, disabled women were only 62% as likely as nondisabled women to have been terminated involuntarily, whereas women aged 18 to 24 years were 1.9 times as likely as women aged 45 to 64 years to have quit, although neither estimate is statistically significant.

Source: 2000 Survey of Maine TANF Recipients conducted by RTI, Research Triangle Park, NC.

8. Summary and Implications

8.1 Use of the Survey Results

The implementation of this study and its subsequent report have already brought OSA and DHS staff together to discuss the findings and to begin planning for the next steps necessary to improve services to the TANF population in Maine.

This study was designed to assess the substance use and need for treatment among Maine's TANF population. Consistent with the original intention of this report, the State will use the results to (1) better understand substance use and need for treatment and intervention among TANF recipients, and (2) help inform policymakers about the substance abuse and treatment needs of Maine's TANF recipients. The implementation of this study and its subsequent report have already brought OSA and DHS staff together to discuss the findings and to begin planning for the next steps necessary to improve services to the TANF population in Maine. In addition, Maine's OSA will use the results from this study in conjunction with the findings from the other studies conducted as part of the State's first and second round STNAP and integrate the findings into a comprehensive planning tool. This tool, or spreadsheet model, will be the heart of the second round integrative report and will, at the county level, provide estimates of substance use and need for treatment for mutually exclusive populations.

8.2 Important Findings

Demographics. Adult female TANF recipients in the three study areas in 2000 were very different from adult females in the 1997 Maine Household Telephone Survey. TANF recipients were in general younger, single, unemployed, and had just a high school education or less. Most TANF recipients lived in a mother-only household, and more than half had at least one child under 6 years of age living in the home. Many of these children had special care needs, and the recipients themselves often had health problems of their own. Three quarters of TANF recipients began receiving TANF for their own children when they were 24 years of age or younger, and most started receiving benefits at the birth of their first child. Most TANF recipients had been involved with the welfare system for over 5 years, but expected to be off welfare and working within the year.

TANF recipients had substantially higher rates of tobacco, alcohol, and illicit drug use than adult females from the household telephone survey. Tobacco and alcohol were the most frequently used substances.

Substance Use. TANF recipients were much more likely to smoke (65% vs. 28%) and to smoke heavily (one pack per day or more) than adult household females statewide. Although more females in the general household population used alcohol in the past year and month, TANF recipients were estimated to have substantially higher rates of past year heavy alcohol use (15% vs. 6%). TANF recipients used core illicit drugs in the past month and previous year at nearly twice the rate of adult females in the general household population (9% vs. 5%; 19% vs. 10%). For both populations, marijuana or hashish accounted for

most of the illicit drug use. TANF recipients who were younger were more likely to use alcohol heavily in the past year. Recipients who had less than a high school education were less likely, but those with an emotional or personal problem in the past year were more likely, to use marijuana in the past year. Finally, TANF recipients who were younger or disabled were more likely to have used illicit drugs other than marijuana in the past year.

Overall rates of need for treatment were 2 to 3 times greater among TANF recipients than for household females statewide.

Need for Treatment or Intervention. Adult female TANF recipients in the three study areas also had higher rates of need for treatment or intervention than adult females in the general household population. In addition, 29% of TANF recipients were estimated to need treatment or intervention in the past year for alcohol or illicit drugs compared with 17% of adult household females. However, only 9% of TANF recipients reported receiving some kind of treatment or other assistance for substance abuse in the past year. Although there seems to be a large discrepancy between the need for treatment or intervention and those who actually received treatment or assistance, this difference was also large for the adult female household population with only 2% of these women receiving any alcohol or other drug treatment or intervention in the past year. A higher percentage of TANF women in need of treatment actually received treatment compared with the general adult female household population in need of treatment.

TANF recipients indicated that fear of losing their children (54%) or job (26%), household bills (33%), and lack of childcare (31%) have or would keep them from seeking treatment.

Although only a small percentage of those in need of treatment or intervention actually received some type of treatment or assistance, 90% of TANF respondents indicated they would be willing to get treatment or an evaluation if they or a doctor determined it was necessary. TANF recipients indicated that fear of losing their children (54%) or job (26%), household bills (33%), and lack of childcare (31%) have or would keep them from seeking treatment. Those who indicated they could not afford treatment said that they have too many bills to pay or their insurance did not pay for treatment. Finally, TANF recipients who were younger, on welfare for 3 or more years, and experienced an emotional or personal problem in the past year were more likely to need treatment or intervention, while recipients with less than a high school education were less likely to need treatment or intervention in the past year.

Impact of Substance Abuse on Employment. TANF clients often face many obstacles to employment. Education level, whether the women had a disability, had a child under 2 years of age, and had no means of transportation were significant predictors of employment. That is, women without a high school education were 37% as likely as women with some postsecondary education to be employed, disabled women were only 16% as likely as women without disabilities to have a job, women with children under 2 years old were only half as likely as women without young children to work, and women without transportation were only a third as likely as women with a private vehicle and valid driver's license to be employed. Our findings also

indicated that women with substance use treatment needs were less likely than women without treatment needs to be employed. However, this coefficient was not statistically significant.

8.3 Policy Implications and Recommendations

Based on the findings of this study and discussions with State staff from OSA and DHS, this section presents important policy implications and recommendations for improving substance abuse treatment among TANF recipients in Maine.

One of the clearest findings of this study is that TANF recipients do not know or understand what services are covered or provided by their benefits and DHS.

Educate TANF Recipients on TANF and Medicaid Benefits and Services. One of the clearest findings of this study is that TANF recipients do not know or understand what services are covered or provided by their benefits and DHS. Nearly one fifth of TANF recipients indicated that one of the reasons they would not be willing to seek treatment for alcohol or drug abuse is that they do not have insurance that covers or pays for treatment. In addition, more than 30% of TANF recipients said they would not have anyone to care for their children if they entered treatment. Finally, over one half of TANF recipients indicated that they would not be willing to seek treatment because they would be afraid of losing their children. TANF recipients automatically receive Medicaid, which covers substance abuse treatment. TANF recipients are eligible and can receive childcare assistance from DHS. DHS views recognizing a substance abuse problem and receiving treatment as a positive step and would assist recipients in their efforts. It is evident there is a need to educate TANF recipients on Medicaid and TANF benefits, as well as allay fears that they will lose their children should they seek or receive treatment.

DHS educates TANF recipients on Medicaid-covered services, child care and other DHS assistance or supportive services through a variety of methods. DHS provides all TANF recipients with a TANF Enrollee's Handbook and requires all recipients to attend an orientation. However, the challenge is making this information meaningful to clients who are dealing with a whole host of issues. Creative strategies for how to impart information regarding substance abuse treatment, the absence of consequences in regard to possibly losing custody of their children and opportunities for child care while in treatment are needed. When is the best time to provide this information? When are recipients stabilized enough with some issues to begin dealing with others? Or, when does their instability due to substance abuse become such an issue or problem that it comes to the forefront? Answers to these questions require further study.

Study Tobacco Use. All of the State's substance use needs assessment studies have focused primarily on alcohol and other illicit drug use. However, the substance TANF recipients reported using the most is tobacco. Nearly 65% of TANF recipients reported being current

The substance TANF recipients reported using the most is tobacco. There are huge health consequences to tobacco use, and smoking imposes a financial impact on families who are already struggling financially.

Establishing clear lines of communication between agencies at each level of government that serve substance-abusing TANF recipients and clarifying the responsibilities of each are key to identifying substance use among recipients and providing substance abuse services to this population.

smokers, and over 40% smoked a pack a day or more. There are huge health consequences to tobacco use, not only for TANF recipients who are smoking, but also for their children who are subjected to secondhand smoke. In addition, smoking imposes a needless financial impact on families who are already struggling financially. A pack of cigarettes generally costs approximately \$4 in Maine, so TANF recipients who are smoking a pack a day are spending roughly \$120 a month on cigarettes. As mentioned in Section 1.4, the average monthly TANF benefit is \$371. A pack per day smoker receiving TANF would be spending a third of her TANF benefits per month on cigarettes. It is evident that tobacco use among TANF recipients in Maine needs further examination.

Improve Collaboration Among Agencies. Establishing clear lines of communication between agencies at each level of government that serves substance-abusing TANF recipients and clarifying the responsibilities of each are key to identifying substance use among recipients and providing substance abuse services to this population. The State needs to determine the agencies that should be involved so that policy and service changes can be integrated into the system across agencies serving the TANF population. Key agencies would include DHS, BDS, Bureau of Health, Department of Labor, Department of Corrections, Department of Education, the domestic violence community, the delivery system, including private providers, and employers.

Develop System for Screening and Assessment. Currently, there is no structured system for screening and assessing substance use among TANF recipients in Maine. Once communication and collaboration among agencies serving TANF recipients is established, these agencies can and should work together to determine who should screen and assess clients, where and when screening and assessment should happen, what the screening and assessment tools should be, and how to cover the costs of this system.

DHS could screen and assess potential TANF recipients for substance abuse problems, using OSA-recommended guidelines, when they apply for benefits. TANF recipients are already required to participate in work-related activities 30 hours per week. If substance use interferes with a TANF recipient's DHS plan, then DHS can intervene but cannot force recipients into treatment. The State needs to identify other agencies who may also be able to intervene and assist recipients with treatment. Without a screening and assessment process that successfully identifies recipients in need of substance abuse services, it is likely that TANF recipients with substance abuse problems will continue to cycle in and out of employment and as a result the welfare system.

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Appendix A
Study Instrument

**Maine TANF Survey
Needs Assessment Questionnaire**

June 2000

CONTENTS OF INSTRUMENT

MODULE	DOMAIN
A	Demographics, Health, and Housing
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J	Tobacco Use
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A. Demographics, Health, and Housing

A1. What is your date of birth?

MONTH _____
 DAY _____
 YEAR _____

A2. Please select one or more of the following groups which best describes you. CODE ALL THAT APPLY.

	<u>Y</u>	<u>N</u>	<u>DK</u>	<u>RF</u>
1=American Indian	1	2	-1	-2
2=Asian	1	2	-1	-2
3=Black or African American	1	2	-1	-2
4=Hispanic or Latino	1	2	-1	-2
5=Native Hawaiian or Other Pacific Islander	1	2	-1	-2
6=White	1	2	-1	-2

A3. What is your marital status?

Married	1	(SKIP TO A5)
Divorced	2	
Separated	3	
Widowed	4	
Single, Never Married	5	
DK	-1	
RE	-2	

A4. Are you currently living with someone in a marriage-like relationship?

Yes 1
 No 2
 DK -1
 RE -2

A5. What is the highest level of school you have completed?

No school completed	1
First through 8th grade	2
Some high school, but no diploma	3
High school graduate (or equivalent, GED vocational/trade school graduate)	4
Some college, but not degree	5
Associate degree (1-2 year occupational, technical or academic program)	6
Four year college graduate	7
Advanced degree (including Master's, Professional degree, or Doctorate)	8
DK	-1
RE	-2

A6. Are you currently enrolled in a GED program, vocational or trade school, or college?

Yes	1
No	2
DK	-1
RE	-2

The next set of questions ask about your children and their health.

A7. How old were you when you gave birth to your first child?

AGE _____

DK	-1
RE	-2

A8a. How many natural born children do you have?

NUMBER _____

DK	-1
RE	-2

A8b. How many of your children are still living?

NUMBER _____

DK -1

RE -2

A9. How old are your children?

<u>CHILD</u>	<u>AGE IN YEARS</u>	<u>DK</u>	<u>RF</u>
#1	_____	-1	-2
#2	_____	-1	-2
#3	_____	-1	-2
#4	_____	-1	-2
#5	_____	-1	-2
#6	_____	-1	-2
#7	_____	-1	-2
#8	_____	-1	-2
#9	_____	-1	-2
#10	_____	-1	-2
#11	_____	-1	-2
#12	_____	-1	-2

A10. So you have [fill A9] children under 18?

NUMBER _____

DK -1

RE -2

A11. How many of your children under 18 are living with you?

NUMBER _____

DK -1

RE -2

A12a. How many children under 18 who are not your natural-born children are living with you?

NUMBER _____

DK -1 (SKIP TO A13)

RE -2 (SKIP TO A13)

IF 0 SKIP TO A13.

A12b. What is their relationship to you? CODE ALL THAT APPLY

	<u>Y</u>	<u>N</u>	<u>DK</u>	<u>RF</u>
1=Stepson/stepdaughter	1	2	-1	-2
2=Grandchildren	1	2	-1	-2
3=Partner's child(ren)	1	2	-1	-2
4=Friend's child(ren)	1	2	-1	-2
5=Foster child	1	2	-1	-2
6=Other	1	2	-1	-2

A13. Do you have any children who are being supervised by the Bureau of Child and Family Services?

Yes 1

No 2

DK -1

RE -2

A14. Has a doctor or health professional ever told you that any of your children had Attention Deficit Disorder (for children over 2 only), mental retardation, hyperactivity, Dyslexia, learning disability, or any other developmental delay?

Yes 1

No 2 (SKIP TO A15a)

DK -1 (SKIP TO A15a)

RE -2 (SKIP TO A15a)

A14b. How many?

NUMBER _____

DK -1
RE -2

A15a. Has a doctor or health professional ever told you that any of your children had Down's Syndrome, Cerebral Palsy, Muscular Dystrophy, Cystic Fibrosis, Sickle Cell Anemia, Autism, Diabetes, Arthritis, congenital heart disease or other heart condition?

Yes 1
No 2 **(SKIP TO A16a)**
DK -1 **(SKIP TO A16a)**
RE -2 **(SKIP TO A16a)**

A15b. How many?

NUMBER _____

DK -1
RE -2

A16a. Do any of your children have an impairment or health problem that requires him/her to use special equipment, such as a brace, a wheelchair, or a hearing aid (excluding ordinary eyeglasses or shoes)?

Yes 1
No 2 **(SKIP TO A17a)**
DK -1 **(SKIP TO A17a)**
RE -2 **(SKIP TO A17a)**

A16b. How many?

NUMBER _____

DK -1
RE -2

A17a. Do any of your children have an impairment or health problem that limits his/her ability to crawl, walk, run, or play?

Yes	1	
No	2	(SKIP TO A19)
DK	-1	(SKIP TO A19)
RE	-2	(SKIP TO A19)

A17b. How many?

NUMBER _____

DK	-1
RE	-2

A18. Is this an impairment or health problem that has lasted, or is expected to last 12 months or longer?

Yes	1
No	2
DK	-1
RE	-2

The next set of questions ask about your physical and emotional health.

A19. Does a physical, mental, or emotional problem now keep you from working at a job or business?

Yes	1
No	2
DK	-1
RE	-2

A20. Are you limited in the kind or amount of work you can do because of a physical, mental or emotional problem?

Yes	1
No	2
DK	-1
RE	-2

A21. Would you say that your health in general is excellent, very good, good, fair, or poor?

Excellent	1
Very good	2
Good	3
Fair	4
Poor	5
DK	-1
RE	-2

A22. During the past 12 months, have you had any serious personal or emotional problems?

Yes	1
No	2
DK	-1
RE	-2

A23. During the past 12 months, how many different times have you stayed overnight or longer in a hospital to receive treatment for psychological or emotional difficulties?

NUMBER _____

DK	-1
RE	-2

A24. During the past 12 months, have you received treatment for psychological problems or emotional difficulties at a mental health clinic or by a mental health professional on an outpatient basis?

Yes	1
No	2
DK	-1
RE	-2

A25. During the past 12 months, was there any time when you did not have any kind of health insurance or coverage?

Yes	1
No	2
DK	-1
RE	-2

A26. (ASK FEMALES UNDER AGE 55): Were you pregnant during the last 12 months?

Yes 1
No 2
DK -1
RE -2

A27. In the past year, were you ever beaten, bruised or injured by another person?

Yes 1
No 2
DK -1
RE -2

A28. In the past year, were you ever sexually abused or assaulted?

Yes 1
No 2
DK -3
RE -4

The next set of questions ask about your housing situation.

A29. How long have you lived at this address?

Less than 1 year	1	
At least 1 year but less than 3 years	2	(SKIP TO A31)
At least 3 years but less than 5 years	3	(SKIP TO A31)
At least 5 years but less than 10 years	4	(SKIP TO A31)
More than 10 years	5	(SKIP TO A31)
DK	-1	
RE	-2	

A30a. How many times have you moved in the past 12 months?

NUMBER _____

DK -1
RE -2

A30b. Why did you move [fill A30a] times in the past 12 months? CODE ALL THAT APPLY

	<u>Y</u>	<u>N</u>	<u>DK</u>	<u>RE</u>
Changed jobs/started new job	1	2	-1	-2
Couldn't afford to continue living there/other financial reasons	1	2	-1	-2
Evicted from home	1	2	-1	-2
Bought new home/rented new place to live	1	2	-1	-2
Wanted to move to new area	1	2	-1	-2
Didn't like area we lived in	1	2	-1	-2
Death/illness in family	1	2	-1	-2
Separated from spouse, boyfriend, significant other	1	2	-1	-2
Victim of domestic violence/abuse	1	2	-1	-2
Needed substance abuse treatment/experiencing substance abuse problems	1	2	-1	-2
Other (specify) _____	1	2	-1	-2

A31. Have you considered yourself homeless any time during the last 12 months?

Yes 1
No 2
DK -1
RE -2

A32. Are you/you and your family paying lower rent because the federal, state, or local government is paying part of the rent?

Yes 1
No 2
DK -1
RE -2

A33. Is this house in a public housing project, that is, is it owned by a local housing authority or other public agency?

Yes 1
No 2
DK -1
RE -2

B. AFDC/TANF History

The following questions ask about you and your family's AFDC/TANF history.

- B1. How old were you the first time you started collecting AFDC/TANF for your own children?

AGE _____

DK -1

RE -2

- B2. Can you remember what month and year that was?

MONTH _____

YEAR _____

DK -1

RE -2

- B3. Did you start collecting benefits with your first child, or did you have more than one child when you started collecting benefits for the first time?

First child 1

More than one 2 **(SKIP TO B5)**

DK -1 **(SKIP TO B6)**

RE -2 **(SKIP TO B6)**

- B4. How old was that child when you first started collecting AFDC/TANF?

AGE _____ **(SKIP TO B6)**

DK -1 **(SKIP TO B6)**

RE -2 **(SKIP TO B6)**

- B5. How many children did you have when you first went on AFDC/TANF?

NUMBER _____

DK -1

RE -2

Now I would like to ask you about any disruption or break in your AFDC/TANF benefits.

- B6. During the last three years or since (_____), did you ever stop getting AFDC/TANF checks for more than one month?

Yes	1	
No	2	(SKIP TO B11a)
DK	-1	(SKIP TO B11a)
RE	-2	(SKIP TO B11a)

- B7. The last time your AFDC/TANF check stopped, was it your decision or the decision of the Department of Human Services (DHS) that you stop receiving benefits?

DHS stopped benefits	1	
Own decision	2	(SKIP TO B9)
DK	-1	(SKIP TO B11a)
RE	-2	(SKIP TO B11a)

- B8. Why did the Department of Human Services (DHS) stop your benefits?

Earnings increased	1	(SKIP TO B10)
Assets were too high	2	(SKIP TO B10)
Did not follow program notes, rules, or requirements	3	(SKIP TO B10)
Reached end of time allowed for getting benefits	4	(SKIP TO B10)
Not a U.S. citizen	5	(SKIP TO B10)
Other	6	(SKIP TO B10)
DK	-1	(SKIP TO B10)
RE	-2	(SKIP TO B10)

B9. Why did you decide to stop receiving AFDC/TANF?

- | | |
|---|----|
| Started a job/gained employment | 1 |
| Stayed at same job but given more hours or a raise | 2 |
| Got a better job | 3 |
| Children left/absent from home | 4 |
| Married/remarried | 5 |
| Moved in with partner (significant other, boyfriend) | 6 |
| Moved in with family (parents, sister or brother, grandparents) | 7 |
| Moved to different state/county | 8 |
| Didn't want benefits anymore/chose to stop receiving them | 9 |
| Didn't get paperwork or forms completed/submitted | 10 |
| Other (specify) _____ | 11 |
| DK | -1 |
| RE | -2 |

B10. What was the main reason you started collecting benefits again?

- | | |
|---|----|
| Fired or laid off from job | 1 |
| Quit job | 2 |
| Became pregnant/had another child | 3 |
| Personal illness | 4 |
| Illness of child or other family member | 5 |
| Assumed responsibility of children of family member | 6 |
| Partner left(significant other, boyfriend) | 7 |
| Divorced spouse | 8 |
| Widowed (spouse died) | 9 |
| Other (specify) _____ | 10 |
| DK | -1 |
| RE | -2 |

B11a. When you were a child, did the person responsible for caring for you, or any family members you lived with, ever receive AFDC/TANF?

- | | | |
|-----|----|----------------------|
| Yes | 1 | |
| No | 2 | (SKIP TO B12) |
| DK | -1 | (SKIP TO B12) |
| RE | -2 | (SKIP TO B12) |

B11b. Who was it that received AFDC/TANF?

Primary caretaker	1
Other family member(s)	2
Primary caretaker and other family member(s)	3
DK	-1
RE	-2

B12. Do any of your family members, not including your spouse, significant other, boyfriend, or children living in your household, currently receive AFDC/TANF?

Yes	1
No	2
DK	-1
RE	-2

B13. During the three months before you started collecting AFDC/TANF benefits for the first time, were you drinking alcohol every day or almost every day?

Yes	1
No	2
DK	-1
RE	-2

B14. During the three months before you started collecting AFDC/TANF benefits for the first time, were you using illegal drugs?

Yes	1
No	2
DK	-1
RE	-2

C. Recent and Ever Use of Alcohol

- C1. The next set of questions ask about experiences with alcoholic beverages. *About how old were you the first time you had a drink of beer, wine, or liquor, or a mixed drink? (Do not include childhood sips that you may have had from an older person's drink.)*

Age — —

DON'T KNOW	-1
REFUSED	-2
NEVER USED ALCOHOL IN LIFETIME	00

IF B1 >= 18 AND B1 < C1, ASK C1a. OTHERWISE, SKIP TO C2.

- C1a. I have a discrepancy here, and I need to verify that I have recorded your responses correctly.

Which is correct, that you are <ANSWER FROM B1> years old, or that you were <ANSWER FROM C1> years old when you first had a drink?

- | | |
|---|--|
| 1 | CORRECT B1 -- AGE AT FIRST USE OF ALCOHOL
CONFIRMED |
| 2 | CORRECT C1 -- AGE AT LAST BIRTHDAY CONFIRMED |

- C2. When was the last time that you had a drink of beer, wine, or liquor, or a mixed drink?
(READ THE RESPONSE CATEGORIES BUT NOT THOSE IN PARENTHESES)

In the past 7 days (1-7 days)	1	
8 to 30 days ago (8-30 days)	2	
1 to 6 months ago (31-182 days)	3	(SKIP TO QUESTION C6)
6 to 12 months ago (183-365 days)	4	(SKIP TO QUESTION C6)
12 to 18 months ago (366-547 days)	5	(SKIP TO QUESTION C6)
More than 18 months ago	6	(SKIP TO QUESTION C9)
<i>DON'T KNOW</i>	-1	
<i>REFUSED</i>	-2	
<i>NEVER USED ALCOHOL IN LIFETIME</i>	7	

(IF RESPONDENT REPORTS NEVER HAVING HAD A DRINK IN HIS/HER LIFE IN BOTH QUESTIONS C1 AND C2, SKIP TO MODULE D, DRUG USE. OTHERWISE, CONTINUE WITH QUESTION C3.)

C3. The next three questions are about your use of alcohol in the past month--that is, since ____ to today.

During the past month, on about how many days did you drink any alcoholic beverages?

Number of days — — **(ENTER "30" IF EVERY DAY)**

DON'T KNOW -1
REFUSED -2

ASK C3a IF THE RESPONDENT ANSWERED "DON'T KNOW" OR "REFUSED" IN C2 AND THEN SAID THAT HE/SHE DID NOT DRINK IN THE PAST 30 DAYS (i.e., C3=00).

C3a. Did you last have a drink of beer, wine, or liquor within the past 12 months/12 to 18 months ago--that is, since [DATE1] to [DATE 2], or more than 18 months ago?

Past 12 months 1 **(SKIP TO QUESTION C6)**
 12 to 18 months ago 2 **(SKIP TO QUESTION C6)**
 More than 18 months ago 3 **(SKIP TO QUESITON C9)**

DON'T KNOW -1
REFUSED -2

C4. On those days when you drank in the past month, about how many drinks did you have on the average? By drink, I mean a *standard bottle or* can of beer, a glass of wine, a shot or jigger of hard liquor, or a mixed drink containing a shot or jigger of hard liquor.

(REFER TO ALCOHOL EQUIVALENTS CHART BELOW TO DETERMINE NUMBER OF DRINKS. DO NOT READ CATEGORIES)

Number of drinks — —

DON'T KNOW -1
REFUSED -2

ALCOHOL EQUIVALENTS CHART

HARD LIQUOR

1 highball, or shot glass	- 1 DRINK
1/2 pint of liquor	- 6 DRINKS
1 pint of liquor	- 12 DRINKS
1 fifth of liquor	- 20 DRINKS
1 quart of liquor	- 24 DRINKS

WINE

1 glass of wine	- 1 DRINK
1 pint of wine	- 4 DRINKS
1 bottle of wine	- 6 DRINKS
1 "wine cooler"	- 1 DRINK

BEER

1-12 oz. bottle of beer	- 1 DRINK
1-12 oz. can of beer	- 1 DRINK
1 case of beer	- 24 DRINKS

- C5. During the past month, on about how many days did you have five or more drinks of beer, wine, or liquor? **(IF NECESSARY, REFER TO ALCOHOL EQUIVALENTS CHART AFTER QUESTION C4 TO DETERMINE NUMBER OF DRINKS. DO NOT READ CATEGORIES)**

Number of days — — **(ENTER "00" IF NONE; ENTER "30" IF EVERY DAY)**

DON'T KNOW -1

REFUSED -2

(IF THE RESPONDENT USED ALCOHOL IN THE PAST 12 MONTHS, ASK QUESTIONS C6 THROUGH C8a FOR THE PAST 12 MONTHS. IF THE RESPONDENT LAST USED ALCOHOL 12 TO 18 MONTHS AGO, ASK THESE QUESTIONS FOR THE PAST 12 TO 18 MONTHS.)

- C6. The next set of questions are about your use of alcohol [in the past 12 months/12 to 18 months ago]-that is, since [DATE1] to today/[DATE2].

In the past 12 months/12 to 18 months, about how often did you have at least a little to drink? **(READ CHOICES, BUT NOT THOSE IN PARENTHESES)**

Almost every day	1
3-4 days a week	2
1 or 2 days a week	3
1-3 days a month	4
Less than once a month	5
<i>(DON'T KNOW)</i>	-1
<i>(REFUSED)</i>	-2

- C7. On those days when you drank [during the past 12 months/12 to 18 months ago], about how many drinks would you have, on average? **(IF R WAS NOT ASKED QUESTION C4, ADD:)** By drink, I mean a *standard bottle or can* of beer, a glass of wine, a shot or jigger of hard liquor, or a mixed drink containing a shot or jigger of hard liquor.

(REFER TO ALCOHOL EQUIVALENTS CHART AFTER QUESTION C4 TO DETERMINE NUMBER OF DRINKS. DO NOT READ CATEGORIES)

drinks in 24 hours ____ **(SKIP TO QUESTION C8 IF FIVE OR MORE)**

* *DON'T KNOW* -1 **(ASK QUESTION C7a)**
 * *REFUSED* -2 **(ASK QUESTION C7a)**

(INTERVIEWER: ENTER "1" IF RESPONDENT REPORTS LESS THAN 1 DRINK)

- C7a. **(IF LESS THAN FIVE ON AVERAGE)** [In the last 12 months/ twelve to 18 months ago], *about how often* did you have five or more drinks in one day? **(READ CHOICES, BUT NOT THOSE IN PARENTHESES)**

Almost every day	1
3-4 days a week	2
1 or 2 days a week	3
1-3 days a month	4
Less than once a month, but at least once	5
Never in the past 12 months	6
<i>(DON'T KNOW)</i>	-1
<i>(REFUSED)</i>	-2

- C8. What is the most you had to drink on any one day you drank beer, wine, or liquor [in the last 12 months/12 to 18 months ago]? **(REFER TO ALCOHOL EQUIVALENTS CHART AFTER QUESTION C4 TO DETERMINE NUMBER OF DRINKS. DO NOT READ CATEGORIES)**

drinks in 24 hours ____

* *DON'T KNOW* -1
 * *REFUSED* -2

(INTERVIEWER: ENTER "1" IF RESPONDENT REPORTS LESS THAN 1 DRINK)

(CAPI USE ONLY)

Is $(00 < C5 \leq 30$ or $C7 \geq 5$ or $0 < C7a < 6$) and $C8 < 5$?

<i>Yes</i>	<i>1*</i>	(ASK Ck3)
<i>No</i>	<i>2</i>	(SKIP TO C8a)

*Earlier, you indicated that you had [MAX AMOUNT FROM C5, C7, OR C7a]

Ck3. What is the most you had to drink on any one day you drank beer, wine, or liquor [in the last 12 months/12 to 18 months ago]?

	Recode
# drinks in 24 hours	— —
* <i>DON'T KNOW</i>	-1
* <i>REFUSED</i>	-2

C8a. [Twelve to 18 months ago] About how often [in the past 12 months] did you have this number of drinks? (**READ CHOICES.**)

Almost every day	1
3-4 days a week	2
1 or 2 days a week	3
1-3 days a month	4
Less than once a month	5
(<i>DON'T KNOW</i>)	-1
(<i>REFUSED</i>)	-2

- C9. Now I am going to ask you some questions about your experiences drinking alcoholic beverages at any time in your life.

Have you ever kept drinking for a couple of days or more without sobering up?

Yes	1	(GO TO C9a)
No	2	(SKIP TO QUESTION C10)
(DON'T KNOW)	-1	
(REFUSED)	-2	

- C9a. How many times has this happened?

# times	— — —
(DON'T KNOW)	-1
(REFUSED)	-2

- C9b. When was the last time *this happened* ? **(READ THE RESPONSE CATEGORIES BUT NOT THOSE IN PARENTHESES)**

In the past 7 days (1-7 days)	1
8 to 30 days ago (8-30 days)	2
1 to 6 months ago (31-182 days)	3
6 to 12 months ago (183-365 days)	4
12 to 18 months ago (366-547 days)	5
More than 18 months ago	6
(DON'T KNOW)	-1
(REFUSED)	-2

(ASK C9c IF THE ANSWER IN C9 IS YES)

- C9c. *Think about those times in your entire life when you kept drinking for a couple of days or more without sobering up. Were you ever unable to handle or did you ever neglect some of your usual responsibilities at those times, such as work, household chores, or taking care of children?*

Yes	1	(GO TO C9d)
No	2	(SKIP TO C10)
(DON'T KNOW)	-1	
(REFUSED)	-2	

C9d. How many times has this happened?

# times	___	___	___
(DON'T KNOW)			-1
(REFUSED)			-2

(ASK C9ck IF C9d > C9a. OTHERWISE, CONTINUE WITH C9e.)

C9ck. I need to verify that I have recorded your responses correctly. Which is correct, that you had [ANSWER FROM C9a] episodes in your life when you kept drinking for several days without sobering up, or that you had [ANSWER FROM C9d] episodes in your life when you were ever unable to handle or neglected your usual responsibilities when you kept drinking for several days without sobering up?

C9e. When was the last time *this happened*? **(READ THE RESPONSE CATEGORIES BUT NOT THOSE IN PARENTHESES)**

In the past 7 days (1-7 days)	1
8 to 30 days ago (8-30 days)	2
1 to 6 months ago (31-182 days)	3
6 to 12 months ago (183-365 days)	4
12 to 18 months ago (366-547 days)	5
More than 18 months ago	6
(DON'T KNOW)	-1
(REFUSED)	-2

C10. Have you ever been admitted to a hospital or emergency room for an alcohol-related illness or injury?

Yes	1
No	2
(DON'T KNOW)	-1
(REFUSED)	-2

C11. Have you ever had a drinking problem or been addicted to alcohol?

Yes	1
No	2
(DON'T KNOW)	-1
(REFUSED)	-2

C11a. Did you ever drink liquids such as mouthwash, vanilla, aftershave, rubbing alcohol, medicines, Lysol, or hairspray *for the alcohol in them*?

Yes	1
No	2
(DON'T KNOW)	-1
(REFUSED)	-2

CK4a. Have you ever felt the need to cut down on your drinking?

Yes	1
No	2
* DON'T KNOW	-1
* REFUSED	-2

CK4b. Have people ever annoyed you by criticizing your drinking?

Yes	1
No	2
* DON'T KNOW	-1
* REFUSED	-2

CK4c. Have you ever felt guilty about your drinking?

Yes	1
No	2
* DON'T KNOW	-1
* REFUSED	-2

CK4d. Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover, such as a morning "eye-opener?"

Yes	1
No	2
* DON'T KNOW	-1
* REFUSED	-2

(NOTE: FOR QUESTIONS CK4a-CK4d, CONSIDER RESPONSES OF "DON'T KNOW" AND REFUSED AS EQUAL TO AN AFFIRMATIVE RESPONSE.)

(CONTINUE WITH QUESTION C12 IF RESPONDENT:

- **REPORTED IN C11a* THAT HE/SHE EVER DRANK A LIQUID OTHER THAN AN ALCOHOLIC BEVERAGE FOR THE ALCOHOL IN IT;**

or

- **REPORTED EVER HAVING A DRINKING PROBLEM IN C11;***

or

- **REPORTED AN ALCOHOL-RELATED HOSPITALIZATION IN C10;***

or

- **REPORTED BINGE DRINKING IN LAST 18 MONTHS IN C9b;***

DRANK AT LEAST ONCE IN THE PAST 30 DAYS IN QUESTION C3, OR DRANK AT LEAST ONCE A MONTH IN THE PAST 12 MONTHS (OR PAST 12 TO 18 MONTHS) IN QUESTION C6 and

- **REPORTED HAVING 5 OR MORE DRINKS AT LEAST ONCE IN THE PAST 12 MONTHS (OR PAST 12 TO 18 MONTHS) IN QUESTIONS C4, C5*, C7, C7a*, OR C8***

or

- **(if female) REPORTED HAVING 2 OR MORE DRINKS PER TYPICAL DRINKING OCCASION IN THE PAST 12 MONTHS (OR PAST 12 TO 18 MONTHS) IN QUESTIONS C4 OR C7**

or

- **ANSWERED "YES" TO TWO OR MORE QUESTIONS IN CK4a - CK4d.***

*** NOTE: FOR THESE ITEMS, CONSIDER "REFUSED" OR "DON'T KNOW" AS EQUAL TO AN AFFIRMATIVE RESPONSE.**

(ASK QUESTIONS CK5 IF THE RESPONDENT DRANK AT LEAST ONCE A MONTH IN THE PAST 12 MONTHS IN QUESTIONS C3 OR C6, BUT DID NOT MEET ANY OF THE ABOVE SCREENING CRITERIA.)

CK5. In the past 12 to 18 months -- that is, since [DATE1] UNTIL [DATE2], did you ever have five or more drinks in one day?

- | | | | |
|---|--------------|----|------------------------------------|
| | Yes | 1 | (SKIP TO C12) |
| | No | 2 | (SKIP TO INSTRUCTIONS AFTER |
| | | | CK5) |
| * | (Don't know) | -1 | (SKIP TO C12) |
| * | (Refused) | -2 | (SKIP TO C12) |

(ASK QUESTION CK6 IF RESPONDENT IS FEMALE, DRANK AT LEAST ONCE A MONTH IN QUESTIONS C3 OR C6, BUT DID NOT MEET ANY OF THE ABOVE SCREENING CRITERIA.)

CK6. On those days when you drank during the past 12 to 18 months, about how many drinks would you have, on average?

drinks in 24 hours ____

- | | | |
|---|------------|----|
| * | DON'T KNOW | -1 |
| * | REFUSED | -2 |

CONTINUE WITH QUESTION C12 IF RESPONDENT MET EITHER OF THE CRITERIA IN QUESTION CK5 OR CK6.

IF RESPONDENT DOES NOT MEET ANY OF THESE SCREENING CRITERIA, THEN SKIP TO MODULE D, DRUG USE.

C12. Has there ever been a period in your life when you drank more than you did [during the last 12 months/12 to 18 months ago]?

Yes	1	(GO TO C12a)
No	2	(SKIP TO C13)
DON'T KNOW	-1	
REFUSED	-2	

C12a. **(IF YES)** Think about the period of time in your life when you were drinking the most. At that time, how frequently did you drink? **(READ CHOICES)**

Almost every day	1
3-4 days a week	2
1 or 2 days a week	3
1-3 days a month	4
Less than once a month	5
(DON'T KNOW)	-1
(REFUSED)	-2

C12b. During that period when you were drinking the most, about how many drinks would you usually have in a single day?

# drinks per day	___
DON'T KNOW	-1
REFUSED	-2

C13. Were there ever complaints about your drinking from:

	YES	NO	Dk	Rf
a. Your family (spouse, significant other, child, uncle, godparent, other relative)?	1	2	-1	-2
b. Friends?	1	2	-1	-2
c. Your boss or people at work or school?	1	2	-1	-2
d. Did your doctor, religious/traditional leader, medicine person, or village elder ever try to persuade you to stop drinking?	1	2	-1	-2

C13e. When was the last time you had any of these complaints about your drinking?
(**READ THE RESPONSE CATEGORIES BUT NOT THOSE IN PARENTHESES**)

In the past 7 days (1-7 days)	1	
8 to 30 days ago (8-30 days)	2	
1 to 6 months ago (31-182 days)	3	
6 to 12 months ago (183-365 days)	4	
12 to 18 months ago (366-547 days)	5	
More than 18 months ago	6	
* (<i>DON'T KNOW</i>)	-1	(GO TO C13g)
* (<i>REFUSED</i>)	-2	(GO TO C13g)

NOTE: IF RESPONDENT INITIALLY SAYS "DON'T KNOW" TO C13e, TRY TO PROBE TO GET A RECENCY BEFORE CODING C13e AS "DON'T KNOW."

C13f. Since that time, have you continued to drink (more than once)?

Yes	1	(GO TO C13g)
No	2	(SKIP TO QUESTION C14)
<i>DON'T KNOW</i>	-1	
<i>REFUSED</i>	-2	

C13g. (**IF YES:**) Did you ever drink most days for a month or more despite any of these complaints about your drinking?

Yes	1
No	2
<i>DON'T KNOW</i>	-1
<i>REFUSED</i>	-2

C14. Have the police ever stopped or arrested you because of your drinking (such as for driving while intoxicated), or taken you to a treatment center?

Yes	1	(GO TO C14a)
No	2	(SKIP TO QUESTION C15)
<i>DON'T KNOW</i>	-1	
<i>REFUSED</i>	-2	

C14a. When was the last time this happened? **(CODE THE APPROPRIATE RESPONSE, BUT DO NOT READ THE RESPONSE CATEGORIES)**

(In the past 7 days)	1	(GO TO C14b)
(8 to 30 days ago)	2	(GO TO C14b)
(1 to 6 months ago; 31-182 days)	3	(GO TO C14b)
(6 to 12 months ago; 183-365 days)	4	(GO TO C14b)
(12 to 18 months ago; 366-547 days)	5	(GO TO C14c)
(More than 18 months ago)	6	(GO TO C14c)
* (<i>DON'T KNOW</i>)	-1	(GO TO C14d)
* (<i>REFUSED</i>)	-2	(GO TO C14d)

NOTE: IF RESPONDENT INITIALLY SAYS "DON'T KNOW" TO C14a, TRY TO PROBE TO GET A RECENCY BEFORE CODING C14a AS "DON'T KNOW."

C14b. **(IF IN THE PAST 12 MONTHS)** How many times did this happen in the past 12 months? _____

<i>DON'T KNOW</i>	-1
<i>REFUSED</i>	-2

C14c. Since that time, have you continued to drink (more than once)?

Yes	1	(GO TO C14d)
No	2	(SKIP TO QUESTION C15)
<i>DON'T KNOW</i>	-1	
<i>REFUSED</i>	-2	

C14d. **(IF YES:)** Did you ever drink most days for a month or more *after drinking had caused you problems with the police (such as being arrested for driving while intoxicated)?*

Yes	1
No	2
<i>DON'T KNOW</i>	-1
<i>REFUSED</i>	-2

C15. Have you ever had a traffic accident because *you had been* drinking?

Yes	1	
No	2	(SKIP TO QUESTION C16)
<i>DON'T KNOW</i>	-1	
<i>REFUSED</i>	-2	

C15a. When was the last time (you had a traffic accident because you had been drinking)? **(READ THE RESPONSE CATEGORIES BUT NOT THOSE IN PARENTHESES)**

In the past 7 days (1-7 days)	1	(GO TO C15b)
8 to 30 days ago (8-30 days)	2	(GO TO C15b)
1 to 6 months ago (31-182 days)	3	(GO TO C15b)
6 to 12 months ago (183-365 days)	4	(GO TO C15b)
12 to 18 months ago (366-547 days)	5	(SKIP TO C15c)
More than 18 months ago	6	(SKIP TO C15c)
* <i>(DON'T KNOW)</i>	-1	(SKIP TO C15d)
* <i>(REFUSED)</i>	-2	(SKIP TO C15d)

NOTE: IF RESPONDENT INITIALLY SAYS "DON'T KNOW" TO C15a, TRY TO PROBE TO GET A RECENCY BEFORE CODING C15a AS "DON'T KNOW."

C15b. **(IF IN THE PAST 12 MONTHS)** How many times did this happen in the past 12 months? ____

<i>DON'T KNOW</i>	-1
<i>REFUSED</i>	-2

C15c. Since that time, have you continued to drink (more than once)?

Yes	1	(GO TO C15d)
No	2	(SKIP TO QUESTION C16)
<i>DON'T KNOW</i>	-1	
<i>REFUSED</i>	-2	

C15d. **(IF YES:)** Did you ever drink most days for a month or more *even though drinking had caused you to have a traffic accident?*

Yes	1
No	2
<i>DON'T KNOW</i>	-1
<i>REFUSED</i>	-2

C16. Have you ever accidentally injured yourself when you had been drinking, for example, had a bad fall or cut yourself badly?

Yes	1	(GO TO C16a)
No	2	(SKIP TO QUESTION C17)
<i>DON'T KNOW</i>	-1	
<i>REFUSED</i>	-2	

C16a. **(IF YES)** How many times have you accidentally injured yourself when you had been drinking?

# times ____	
<i>DON'T KNOW</i>	-1
<i>REFUSED</i>	-2

C16b. When was the last time? **(READ THE RESPONSE CATEGORIES BUT NOT THOSE IN PARENTHESES)**

In the past 7 days (1-7 days)	1	} (GO TO C16c)
8 to 30 days ago (8-30 days)	2	
1 to 6 months ago (31-182 days)	3	
6 to 12 months ago (183-365 days)	4	
12 to 18 months ago (366-547 days)	5	
More than 18 months ago	6	
<i>(DON'T KNOW)</i>	-1	(GO TO C17)
<i>(REFUSED)</i>	-2	

C16c. **(IF IN THE LAST YEAR:)** Did you go to a hospital as a result during the last year?

Yes	1	(GO TO C16d)
No	2	(SKIP TO QUESTION C17)
<i>DON'T KNOW</i>	-1	
<i>REFUSED</i>	-2	

C16d. **(IF YES)** How many times? — —

<i>DON'T KNOW</i>	-1
<i>REFUSED</i>	-2

C17. Have you often been high from drinking in a situation where it increased your chances of getting hurt—for instance, when driving a car or boat, using knives, machinery, or guns, crossing against traffic, climbing or swimming?

Yes	1	(GO TO C17a)
No	2	(SKIP TO QUESTION C18)
<i>DON'T KNOW</i>	-1	
<i>REFUSED</i>	-2	

C17a. **(IF YES)** When was the last time? **(READ THE RESPONSE CATEGORIES BUT NOT THOSE IN PARENTHESES)**

In the past 7 days (1-7 days)	1
8 to 30 days ago (8-30 days)	2
1 to 6 months ago (31-182 days)	3
6 to 12 months ago (183-365 days)	4
12 to 18 months ago (366-547 days)	5
More than 18 months ago	6
<i>(DON'T KNOW)</i>	-1
<i>(REFUSED)</i>	-2

C18. Did your drinking or being hung over frequently keep you from household chores or taking care of children?

Yes	1	(GO TO C18a)
No	2	(SKIP TO QUESTION C18b)
<i>DON'T KNOW</i>	-1	
<i>REFUSED</i>	-2	

C18a. **(IF YES)** When was the last time? **(READ THE RESPONSE CATEGORIES BUT NOT THOSE IN PARENTHESES)**

In the past 7 days (1-7 days)	1
8 to 30 days ago (8-30 days)	2
1 to 6 months ago (31-182 days)	3
6 to 12 months ago (183-365 days)	4
12 to 18 months ago (366-547 days)	5
More than 18 months ago	6
<i>(DON'T KNOW)</i>	-1
<i>(REFUSED)</i>	-2

C18b. Did your drinking or being hung over cause you to miss work frequently, lose a raise or promotion, get suspended, or get fired?

Yes	1	(GO TO C18c)
No	2	(SKIP TO QUESTION C18d)
<i>DON'T KNOW</i>	-1	
<i>REFUSED</i>	-2	

C18c. **(IF YES)** When was the last time? **(READ THE RESPONSE CATEGORIES BUT NOT THOSE IN PARENTHESES)**

In the past 7 days (1-7 days)	1
8 to 30 days ago (8-30 days)	2
1 to 6 months ago (31-182 days)	3
6 to 12 months ago (183-365 days)	4
12 to 18 months ago (366-547 days)	5
More than 18 months ago	6
<i>(DON'T KNOW)</i>	-1
<i>(REFUSED)</i>	-2

C18d. Did your drinking or being hung over cause you to miss school, be suspended from school, or do poorly on school work?

Yes	1	(GO TO C18e)
No	2	(SKIP TO QUESTION C19)
<i>DON'T KNOW</i>	-1	
<i>REFUSED</i>	-2	

C18e. **(IF YES)** When was the last time? **(READ THE RESPONSE CATEGORIES BUT NOT THOSE IN PARENTHESES)**

In the past 7 days (1-7 days)	1
8 to 30 days ago (8-30 days)	2
1 to 6 months ago (31-182 days)	3
6 to 12 months ago (183-365 days)	4
12 to 18 months ago (366-547 days)	5
More than 18 months ago	6
<i>(DON'T KNOW)</i>	-1
<i>(REFUSED)</i>	-2

C19. Have you often drunk more than you intended to?

Yes	1	(SKIP TO QUESTION C19b)
No	2	
<i>DON'T KNOW</i>	-1	
<i>REFUSED</i>	-2	

C19a. **(IF NO)** Have you often drunk for a longer period of time than you intended to?

Yes	1	(GO TO C19b)
No	2	(SKIP TO QUESTION C20)
<i>DON'T KNOW</i>	-1	
<i>REFUSED</i>	-2	

C19b. **(IF YES)** When was the last time? **(READ THE RESPONSE CATEGORIES BUT NOT THOSE IN PARENTHESES)**

In the past 7 days (1-7 days)	1
8 to 30 days ago (8-30 days)	2
1 to 6 months ago (31-182 days)	3
6 to 12 months ago (183-365 days)	4
12 to 18 months ago (366-547 days)	5
More than 18 months ago	6
<i>(DON'T KNOW)</i>	-1
<i>(REFUSED)</i>	-2

C19c. Has that ever occurred most days for at least one month?

Yes	1	(SKIP TO QUESTION C20)
No	2	
<i>DON'T KNOW</i>	-1	
<i>REFUSED</i>	-2	

C19d. **(IF NO)** Has that ever occurred repeatedly over a longer period?

Yes	1
No	2
<i>DON'T KNOW</i>	-1
<i>REFUSED</i>	-2

C20. Have you ever found that you had to drink more than you used to in order to get the same effect?

Yes	1	(SKIP TO QUESTION C20b)
No	2	
<i>DON'T KNOW</i>	-1	
<i>REFUSED</i>	-2	

C20a. **(IF NO)** Did you ever find that the same amount of alcohol had less effect on you than before?

Yes	1	(GO TO C20b)
No	2	(SKIP TO QUESTION C21)
<i>DON'T KNOW</i>	-1	
<i>REFUSED</i>	-2	

C20b. **(IF YES)** When was the last time? **(READ THE RESPONSE CATEGORIES BUT NOT THOSE IN PARENTHESES)**

In the past 7 days (1-7 days)	1
8 to 30 days ago (8-30 days)	2
1 to 6 months ago (31-182 days)	3
6 to 12 months ago (183-365 days)	4
12 to 18 months ago (366-547 days)	5
More than 18 months ago	6
<i>(DON'T KNOW)</i>	-1
<i>(REFUSED)</i>	-2

C20c. Has that ever occurred most days for a month or more?

Yes	1	(SKIP TO QUESTION C21)
No	2	
<i>DON'T KNOW</i>	-1	
<i>REFUSED</i>	-2	

C20d. **(IF NO)** Has that occurred several times?

Yes	1
No	2
<i>DON'T KNOW</i>	-1
<i>REFUSED</i>	-2

C21. Have you ever tried to quit or cut down on drinking?

Yes	1	(SKIP TO QUESTION C21b)
No	2	
<i>DON'T KNOW</i>	-1	
<i>REFUSED</i>	-2	

C21a. **(IF NO)** Have you often wanted to quit or cut down on your drinking?

Yes	1	(GO TO C21b)
No	2	(SKIP TO QUESTION C22)
<i>DON'T KNOW</i>	-1	
<i>REFUSED</i>	-2	

C21b. **(IF YES)** Were you ever unable to quit or cut down?

Yes	1	
No	2	(SKIP TO QUESTION C21d)
<i>DON'T KNOW</i>	-1	
<i>REFUSED</i>	-2	

C21c. Were you unable to quit or cut down several times?

Yes	1
No	2
<i>DON'T KNOW</i>	-1
<i>REFUSED</i>	-2

C21d. When was the last time you tried to or wanted to quit or cut down?
(READ THE RESPONSE CATEGORIES BUT NOT THOSE IN PARENTHESES)

In the past 7 days (1-7 days)	1
8 to 30 days ago (8-30 days)	2
1 to 6 months ago (31-182 days)	3
6 to 12 months ago (183-365 days)	4
12 to 18 months ago (366-547 days)	5
More than 18 months ago	6
<i>(DON'T KNOW)</i>	-1
<i>(REFUSED)</i>	-2

- C22. Some people try to control their drinking by making rules, like not drinking alone, or not before 5 o'clock. Have you ever made any rules because you were having trouble limiting the amount you were drinking?

Yes	1	(GO TO C22a)
No	2	(SKIP TO QUESTION C23)
<i>DON'T KNOW</i>	-1	
<i>REFUSED</i>	-2	

- C22a. **(IF YES)** Did you try that several times or for a month or longer?

Yes	1
No	2
<i>DON'T KNOW</i>	-1
<i>REFUSED</i>	-2

- C22b. When was the last time you made rules because you were having trouble limiting the amount you were drinking? **(READ THE RESPONSE CATEGORIES BUT NOT THOSE IN PARENTHESES)**

In the past 7 days (1-7 days)	1
8 to 30 days ago (8-30 days)	2
1 to 6 months ago (31-182 days)	3
6 to 12 months ago (183-365 days)	4
12 to 18 months ago (366-547 days)	5
More than 18 months ago	6
<i>(DON'T KNOW)</i>	-1
<i>(REFUSED)</i>	-2

C23. Has there ever been a period when you spent a great deal of time drinking alcohol or getting over its effects?

Yes	1	
No	2	(SKIP TO QUESTION C24)
<i>DON'T KNOW</i>	-1	
<i>REFUSED</i>	-2	

C23a. **(IF YES)** Did that period last a month or longer?

Yes	1
No	2
<i>DON'T KNOW</i>	-1
<i>REFUSED</i>	-2

C23b. When was the last time there was a period when you spent a great deal of time drinking alcohol or getting over its effects? **(READ THE RESPONSE CATEGORIES BUT NOT THOSE IN PARENTHESES)**

In the past 7 days (1-7 days)	1
8 to 30 days ago (8-30 days)	2
1 to 6 months ago (31-182 days)	3
6 to 12 months ago (183-365 days)	4
12 to 18 months ago (366-547 days)	5
More than 18 months ago	6
<i>(DON'T KNOW)</i>	-1
<i>(REFUSED)</i>	-2

- C24. Have you ever greatly reduced important activities in order to drink-- like sports, work or associating with friends or relatives?

Yes	1	(GO TO C24a)
No	2	(SKIP TO QUESTION C25a)
<i>DON'T KNOW</i>	-1	
<i>REFUSED</i>	-2	

- C24a. **(IF YES)** Did you do that for at least a month, or several times?

Yes	1
No	2
<i>DON'T KNOW</i>	-1
<i>REFUSED</i>	-2

- C24b. When was the last time you gave up or greatly reduced important activities in order to drink? **(READ THE RESPONSE CATEGORIES BUT NOT THOSE IN PARENTHESES)**

In the past 7 days (1-7 days)	1
8 to 30 days ago (8-30 days)	2
1 to 6 months ago (31-182 days)	3
6 to 12 months ago (183-365 days)	4
12 to 18 months ago (366-547 days)	5
More than 18 months ago	6
<i>(DON'T KNOW)</i>	-1
<i>(REFUSED)</i>	-2

C25. Have you ever had any of the following problems when you stopped or cut down on drinking:

		Y	N	Dk	Rf
a.	Hands shaking or trembling?	1	2	-1	-2
b.	Being unable to sleep?	1	2	-1	-2
c.	Feeling anxious or depressed?	1	2	-1	-2
d.	Sweating a lot?	1	2	-1	-2
e.	Your heart beating fast?	1	2	-1	-2
f.	Seeing or hearing things that weren't really there?	1	2	-1	-2
g.	The "DTs"?	1	2	-1	-2

INTERVIEWER:

IF YES TO ANY PROBLEM IN C25a-25g, CONTINUE WITH QUESTION C25h.

IF NO TO ALL PROBLEMS IN C25a-25g, SKIP TO QUESTION C26.

IF "DON'T KNOW" OR "REFUSED" TO SOME PROBLEMS IN C25a-25g AND NO TO THE REMAINDER, SKIP TO QUESTION C25i.

C25h. **(IF ANY YES IN C25a-g)** Have you had this/any of these problems several times?

Yes	1
No	2
<i>DON'T KNOW</i>	-1
<i>REFUSED</i>	-2

C25i. Have you ever had seizures after stopping or cutting down on drinking?

Yes	1	(GO TO C25j)
No	2	(SKIP TO QUESTION C26)
<i>DON'T KNOW</i>	-1	
<i>REFUSED</i>	-2	

C25j. When was the last time you had this/any of these problems after stopping or cutting down on drinking? **(READ THE RESPONSE CATEGORIES BUT NOT THOSE IN PARENTHESES)**

In the past 7 days (1-7 days)	1	
8 to 30 days ago (8-30 days)	2	
1 to 6 months ago (31-182 days)	3	
6 to 12 months ago (183-365 days)	4	
12 to 18 months ago (366-547 days)	5	(GO TO C26)
More than 18 months ago	6	(GO TO C26)
<i>(DON'T KNOW)</i>	-1	(SKIP TO QUESTION C26)
<i>(REFUSED)</i>	-2	(SKIP TO QUESTION C26)

C25k. **(IF IN THE LAST 12 MONTHS)** How severe, at their worst, were any of these problems during the past 12 months? **(READ CHOICES)**

Not at all severe	1
Only slightly severe	2
Moderately severe	3
Very severe	4
<i>DON'T KNOW</i>	-1
<i>REFUSED</i>	-2

C26. Have you ever taken a drink to keep from having a hangover, the shakes, or any of these other problems?

Yes	1	(GO TO C26a)
No	2	(SKIP TO QUESTION C27)
<i>DON'T KNOW</i>	-1	
<i>REFUSED</i>	-2	

C26a. **(IF YES)** Have you done that several times?

Yes	1
No	2
<i>DON'T KNOW</i>	-1
<i>REFUSED</i>	-2

C26b. When was the last time? **(READ THE RESPONSE CATEGORIES BUT NOT THOSE IN PARENTHESES)**

In the past 7 days (1-7 days)	1
8 to 30 days ago (8-30 days)	2
1 to 6 months ago (31-182 days)	3
6 to 12 months ago (183-365 days)	4
12 to 18 months ago (366-547 days)	5
More than 18 months ago	6
<i>(DON'T KNOW)</i>	-1
<i>(REFUSED)</i>	-2

C27. Have you ever taken a drink to make any of these problems go away?

Yes	1	(GO TO C27a)
No	2	(SKIP TO QUESTION C28a)
<i>DON'T KNOW</i>	-1	
<i>REFUSED</i>	-2	

C27a. **(IF YES)** Have you done that several times?

Yes	1
No	2
<i>DON'T KNOW</i>	-1
<i>REFUSED</i>	-2

C27b. When was the last time? **(READ THE RESPONSE CATEGORIES BUT NOT THOSE IN PARENTHESES)**

In the past 7 days (1-7 days)	1
8 to 30 days ago (8-30 days)	2
1 to 6 months ago (31-182 days)	3
6 to 12 months ago (183-365 days)	4
12 to 18 months ago (366-547 days)	5
More than 18 months ago	6
<i>(DON'T KNOW)</i>	-1
<i>(REFUSED)</i>	-2

C28. Did drinking ever cause you to have any of the following health problems:

		Y	N	Dk	Rf
a.	Liver problems or yellow jaundice?	1	2	-1	-2
b.	Stomach problems?	1	2	-1	-2
c.	Vomiting blood?	1	2	-1	-2
d.	Tingling or numbness in your feet?	1	2	-1	-2
e.	Memory problems, even when you weren't drinking?	1	2	-1	-2
f.	Problems with your pancreas?	1	2	-1	-2

INTERVIEWER:

IF YES TO ANY PROBLEM IN C28a-28f, CONTINUE WITH QUESTION C28g.

IF NO TO ALL PROBLEMS IN C28a-28f, SKIP TO QUESTION C29.

IF "DON'T KNOW" OR "REFUSED" TO SOME PROBLEMS IN C28a-28f AND NO TO THE REMAINDER, SKIP TO QUESTION C29.

C28g. **(IF ANY YES IN C28a-28f)** Did you continue to drink (more than once) even though you knew that drinking was causing you to have health problems?

Yes	1	(GO TO C28h)
No	2	(SKIP TO QUESTION C29)
<i>DON'T KNOW</i>	-1	
<i>REFUSED</i>	-2	

C28h. **(IF YES)** Did you ever drink for a month or more once you knew it caused you to have health problems?

Yes	1
No	2
<i>DON'T KNOW</i>	-1
<i>REFUSED</i>	-2

C28i. When was the last time you drank even though you knew that drinking was causing you to have health problems? **(READ THE RESPONSE CATEGORIES BUT NOT THOSE IN PARENTHESES)**

In the past 7 days (1-7 days)	1
8 to 30 days ago (8-30 days)	2
1 to 6 months ago (31-182 days)	3
6 to 12 months ago (183-365 days)	4
12 to 18 months ago (366-547 days)	5
More than 18 months ago	6
<i>(DON'T KNOW)</i>	-1
<i>(REFUSED)</i>	-2

C28j. **(IF ANY YES IN C28a-28f)** Did you enter a hospital as a result of one of these health problems during the last year?

Yes	1	(GO TO C28k)
No	2	(SKIP TO QUESTION C29)
<i>DON'T KNOW</i>	-1	
<i>REFUSED</i>	-2	

C28k. **(IF YES)** How many times? ____

DON'T KNOW	-1
REFUSED	-2

C29. Have you continued to drink when you knew you had any (other) serious physical illness that might be made worse by drinking?

Yes	1	(GO TO C29a)
No	2	(SKIP TO QUESTION C30)
<i>DON'T KNOW</i>	-1	
<i>REFUSED</i>	-2	

C29a. **(IF YES)** Did you ever drink for a month or more once you knew you had any other illness that might be made worse by drinking?

Yes	1	(GO TO C29b)
No	2	(SKIP TO QUESTION C29c)
<i>DON'T KNOW</i>	-1	
<i>REFUSED</i>	-2	

C29b. When was the last time you drank in spite of an illness that could be made worse by drinking? **(READ THE RESPONSE CATEGORIES BUT NOT THOSE IN PARENTHESES)**

In the past 7 days (1-7 days)	1
8 to 30 days ago (8-30 days)	2
1 to 6 months ago (31-182 days)	3
6 to 12 months ago (183-365 days)	4
12 to 18 months ago (366-547 days)	5
More than 18 months ago	6
<i>(DON'T KNOW)</i>	-1
<i>(REFUSED)</i>	-2

C29c. Did you enter a hospital as a result of one of these illnesses during the last year?

Yes	1	(GO TO C29d)
No	2	(SKIP TO QUESTION C30)
<i>DON'T KNOW</i>	-1	
<i>REFUSED</i>	-2	

C29d. **(IF YES)** How many times? — —

<i>DON'T KNOW</i>	-1
<i>REFUSED</i>	-2

C30. Has alcohol ever caused you emotional or psychological problems, such as feeling uninterested in things, depressed, suspicious of others or paranoid, or caused you to have strange ideas?

Yes	1	(GO TO C30a)
No	2	(SKIP TO MODULE D, DRUG USE, question D1)
<i>DON'T KNOW</i>	-1	
<i>REFUSED</i>	-2	

C30a. **(IF YES)** Did you continue to drink (more than once) after you knew that drinking caused you psychological or emotional problems?

Yes	1	(GO TO C30b)
No	2	(SKIP TO QUESTION C30d)
<i>DON'T KNOW</i>	-1	
<i>REFUSED</i>	-2	

C30b. **(IF YES)** When was the last time that you continued to drink after you knew that drinking caused you psychological or emotional problems?
(READ THE RESPONSE CATEGORIES BUT NOT THOSE IN PARENTHESES)

In the past 7 days (1-7 days)	1
8 to 30 days ago (8-30 days)	2
1 to 6 months ago (31-182 days)	3
6 to 12 months ago (183-365 days)	4
12 to 18 months ago (366-547 days)	5
More than 18 months ago	6
<i>(DON'T KNOW)</i>	-1
<i>(REFUSED)</i>	-2

C30c. Did you ever drink for a month or more once you found out it was causing you psychological or emotional problems?

Yes	1
No	2
<i>DON'T KNOW</i>	-1
<i>REFUSED</i>	-2

C30d. Did you enter a hospital as a result of one of these emotional or psychological problems during the last year?

Yes	1	(GO TO C30e)
No	2	(SKIP TO MODULE D, DRUG USE,
<i>DON'T KNOW</i>	-1	QUESTION D1)
<i>REFUSED</i>	-2	

C30e. **(IF YES)** How many times? — —

<i>DON'T KNOW</i>	-1
<i>REFUSED</i>	-2

D. Drug Use

- D1. I am now going to ask you about your nonmedical use of drugs, other than alcohol. Nonmedical use means NOT prescribed by a doctor. That is, it was used to get high, for curiosity, or to go along with friends. I will be asking about marijuana (either pot or hashish), hallucinogens (such as LSD, peyote, mescaline or mushrooms), cocaine (including crack), heroin or drugs like heroin (such as Codeine, Percodan or Demerol), stimulants or “uppers” (such as “crank” or methamphetamine), and use of sedatives (such as sleeping pills) or tranquilizers (such as barbituates or Valium). Remember, all information on this survey is strictly confidential. I’m asking about the last 12 months, since [INSERT DATE] to today.

(DO NOT READ UNLESS ASKED FOR FURTHER DEFINITION OF THE CATEGORY.)

MARIJUANA: pot, hashish, reefer

HALLUCINOGENS: LSD, PCP, "Ecstasy," DMT, MDA, MDMA, mescaline, peyote, psilocybin, mushrooms

COCAINE: coke, crack

HEROIN; OTHER OPIATES; OPIOIDS Codeine, morphine, Percocet, Percodan, Demerol, Methadone, Dilaudid, Fentanyl

STIMULANTS: Amphetamines, "speed," or "ice," including methamphetamine, Preludin, Ritalin, Dexedrine, Benzedrine, "uppers," "crystal," "crank"

INHALANTS: gasoline or lighter fluid, spray paints, shoeshine liquid or glue, paint solvents, amyl nitrate, nitrous oxide, "poppers," cleaning fluids, locker room odorizers, "whippets," “white-out” typewriter correction fluid.

SEDATIVES: tranquilizers or sleeping pills, including barbiturates, Valium, Librium, Xanax, Quaalude, methaqualone, Seconal, Halcion, phenobarbital, "downers," "barbs," "ludes."

(DO NOT READ) Drug use in the past 12 months:

D1a. About how often, on average, in the past 12 months did you use marijuana or hashish in any form? **(READ RESPONSE CATEGORIES, BUT NOT THOSE IN PARENTHESES)**

Once a week or more often	1	(SKIP TO QUESTION D1c)
Several days a month, but less than once a week (about 25 to 51 days a year)	2	(SKIP TO QUESTION D1c)
1 or 2 days a month (about 12 to 24 days a year)	3	(SKIP TO QUESTION D1c)
Every other month or so (about 6 to 11 days a year)	4	(SKIP TO QUESTION D1c)
3 to 5 days in the past 12 months	5	(SKIP TO QUESTION D1c)
1 or 2 days in the past 12 months	6	(SKIP TO QUESTION D1c)
(Did not use marijuana in the past 12 months)	7	(GO TO D1b)
(Never used marijuana in lifetime)	8	(GO TO D1c)
(Don't know)	-1	} (GO TO D1b)
(Refused)	-2	

D1b. Have you ever used marijuana or hashish at least once in your entire life?

yes	1
no	2
(don't know)	-1
(refused)	-2

D1c. About how often, on average, in the past 12 months did you use hallucinogens such as LSD, PCP, or peyote? (**READ RESPONSE CATEGORIES, BUT NOT THOSE IN PARENTHESES**)

- | | |
|--|--------------------------|
| Once a week or more often | 1 (SKIP TO Question D1e) |
| Several days a month, but less than
once a week
(about 25 to 51 days a year) | 2 (SKIP TO Question D1e) |
| 1 or 2 days a month
(about 12 to 24 days a year) | 3 (SKIP TO Question D1e) |
| Every other month or so
(about 6 to 11 days a year) | 4 (SKIP TO Question D1e) |
| 3 to 5 days in the past 12 months | 5 (SKIP TO Question D1e) |
| 1 or 2 days in the past 12 months | 6 (SKIP TO Question D1e) |
| (Did not use hallucinogens in the past
12 months) | 7 (GO TO D1d) |
| (Never used hallucinogens in lifetime) | 8 (GO TO D1e) |
| (Don't know) | -1 (GO TO D1d) |
| (Refused) | (GO TO D1d) |

D1d. Have you ever used hallucinogens at least once in your entire life?

- | | |
|--------------|----|
| yes | 1 |
| no | 2 |
| (don't know) | -1 |
| (refused) | -2 |

D1e. About how often, on average, in the past 12 months did you use cocaine in any form, including "crack?" (**READ RESPONSE CATEGORIES, BUT NOT THOSE IN PARENTHESES**)

- | | |
|---|--------------------------|
| Once a week or more often | 1 (SKIP TO Question D1g) |
| Several days a month, but less than once a week
(about 25 to 51 days a year) | 2 (SKIP TO Question D1g) |
| 1 or 2 days a month
(about 12 to 24 days a year) | 3 (SKIP TO Question D1g) |
| Every other month or so
(about 6 to 11 days a year) | 4 (SKIP TO Question D1g) |
| 3 to 5 days in the past 12 months | 5 (SKIP TO Question D1g) |
| 1 or 2 days in the past 12 months | 6 (SKIP TO Question D1g) |
| (Did not use cocaine in the past 12 months) | 7 (GO TO D1f) |
| (Never used cocaine in lifetime) | 8 (GO TO D1g) |
| (Don't know) | -1 (GO TO D1f) |
| (Refused) | (GO-TO D1f) |

D1f. Have you ever used cocaine at least once in your entire life, including use of "crack?"

- | | |
|--------------|----|
| yes | 1 |
| no | 2 |
| (don't know) | -1 |
| (refused) | -2 |

D1g. About how often, on average, in the past 12 months did you use heroin in any form?
(**READ RESPONSE CATEGORIES, BUT NOT THOSE IN PARENTHESES**)

- | | |
|--|--------------------------|
| Once a week or more often | 1 (SKIP TO QUESTION D1i) |
| Several days a month, but less than
once a week
(about 25 to 51 days a year) | 2 (SKIP TO QUESTION D1i) |
| 1 or 2 days a month
(about 12 to 24 days a year) | 3 (SKIP TO QUESTION D1i) |
| Every other month or so
(about 6 to 11 days a year) | 4 (SKIP TO QUESTION D1i) |
| 3 to 5 days in the past 12 months | 5 (SKIP TO QUESTION D1i) |
| 1 or 2 days in the past 12 months | 6 (SKIP TO QUESTION D1i) |
| (Did not use heroin in the past
12 months) | 7 (GO TO D1h) |
| (Never used heroin in lifetime) | 8 (GO TO D2a) |
| (Don't know) | -1 (GO TO D1h) |
| (Refused) | (GO TO D1h) |

D1h. Have you ever used heroin at least once in your entire life?

- | | |
|--------------|----|
| yes | 1 |
| no | 2 |
| (don't know) | -1 |
| (refused) | -2 |

The next questions ask about use of stimulants or "uppers" (such as amphetamines, methamphetamines, "ice," "crystal," "speed," or "crank") for nonmedical reasons. Again, by "nonmedical reasons," I mean use of stimulants to get high, for curiosity, or to go along with friends. "Nonmedical reasons" also includes use of prescription-type stimulants without a doctor's prescription.

D1i. About how often, on average, in the past 12 months did you use stimulants or "uppers" for nonmedical reasons? **(READ RESPONSE CATEGORIES BUT NOT THOSE IN PARENTHESES)**

- | | |
|--|--------------------------|
| Once a week or more often | 1 (SKIP TO QUESTION D1k) |
| Several days a month, but less than
once a week
(about 25 to 51 days a year) | 2 (SKIP TO QUESTION D1k) |
| 1 or 2 days a month
(about 12 to 24 days a year) | 3 (SKIP TO QUESTION D1k) |
| Every other month or so
(about 6 to 11 days a year) | 4 (SKIP TO QUESTION D1k) |
| 3 to 5 days in the past 12 months | 5 (SKIP TO QUESTION D1k) |
| 1 or 2 days in the past 12 months | 6 (SKIP TO QUESTION D1k) |
| (Did not use stimulants in the past
12 months) | 7 (GO TO D1j) |
| (Never used stimulants in lifetime) | 8 (GO TO D1k) |
| (Don't know) | -1 } (GO TO D1j) |
| (Refused) | |

D1j. Have you ever used stimulants or "uppers" for nonmedical reasons at least once in your entire life?

- | | |
|--------------|----|
| yes | 1 |
| no | 2 |
| (don't know) | -1 |
| (refused) | -2 |

D1k. About how often, on average, in the past 12 months did you sniff or inhale substances such as gasoline, lighter fluid, glue, spray paint, "poppers," or some other substance to get high?
(**READ RESPONSE CATEGORIES BUT NOT THOSE IN PARENTHESES**)

- | | |
|---|--------------------------|
| Once a week or more often | 1 (SKIP TO QUESTION D2a) |
| Several days a month, but less than once a week
(about 25 to 51 days a year) | 2 (SKIP TO QUESTION D2a) |
| 1 or 2 days a month
(about 12 to 24 days a year) | 3 (SKIP TO QUESTION D2a) |
| Every other month or so
(about 6 to 11 days a year) | 4 (SKIP TO QUESTION D2a) |
| 3 to 5 days in the past 12 months | 5 (SKIP TO QUESTION D2a) |
| 1 or 2 days in the past 12 months | 6 (SKIP TO QUESTION D2a) |
| (Did not use inhalants in the past 12 months) | 7 (GO TO D1l) |
| (Never used inhalants in lifetime) | 8 (GO TO D2a) |
| (Don't know) | -1 |
| (Refused) | -2 |
- } (GO TO D1l)

D1l. Have you ever sniffed or inhaled substances such as gasoline, lighter fluid, glue, spray paint, "poppers," or some other substance to get high?

- | | |
|--------------|----|
| yes | 1 |
| no | 2 |
| (don't know) | -1 |
| (refused) | -2 |

D1m. IF NO DRUG USE REPORTED IN QUESTIONS D1a THROUGH D1l, SKIP TO QUESTION D4 (Use of sedatives or tranquilizers)

CONTINUE WITH QUESTION D2 FOR EVERY DRUG THAT RESPONDENTS REPORTED USING IN QUESTIONS D1a THROUGH D1l. (INCLUDE RESPONSES OF "DON'T KNOW" AND "REFUSED" AS AFFIRMATIVE ANSWERS.)

D2. When was the last time that you used [DRUG], in any form, for nonmedical reasons? (READ RESPONSE CATEGORIES BUT NOT THOSE IN PARENTHESES)

	a	b	c	d	e	f
	Mar	Hal	Cok	Her	Stm	Inh
In the past 7 days (1-7 days)	1	1	1	1	1	1
8 to 30 days ago (8-30 days)	2	2	2	2	2	2
1 to 6 months ago (31-182 days)	3	3	3	3	3	3
6 to 12 months ago (183-365 days)	4	4	4	4	4	4
12 to 18 months ago (366-547 days)	5	5	5	5	5	5
More than 18 months ago	6	6	6	6	6	6
(Don't know)	-1	-1	-1	-1	-1	-1
(Refused)	-2	-2	-2	-2	-2	-2

ASK D2ck IF THE RESPONDENT SAID IN D1a THAT HE/SHE HAD NOT USED MARIJUANA IN THE PAST 12 MONTHS, BUT THEN INDICATED USE OF MARIJUANA IN THE PAST 12 MONTHS IN D2a. PROMPT FOR CORRECT RESPONSE, REMEMBERING THAT EITHER D1a OR D2a MUST BE CORRECTED.

D2ck. I have a discrepancy here and need to verify that I have recorded your responses correctly.

When was your most recent use of marijuana--more than 12 months ago or [ANSWER FROM D2a]?

- 1 CORRECT D1A -- MARIJUANA USE IN PAST 12 MONTHS CONFIRMED
- 2 CORRECT D2A -- NO MARIJUANA USE IN PAST 12 MONTHS CONFIRMED

ASK D2aa AFTER D2a (OR AFTER CORRECTING D2a) IF THE RESPONDENT LAST USED MARIJUANA 12 TO 18 MONTHS AGO, OR THE RESPONDENT USED MARIJUANA LESS THAN 3 DAYS IN THE PAST 12 MONTHS IN QUESTION D1a.

D2aa. Think back over the period 12 to 18 months ago -- that is, from [DATE1] until [DATE2]. During that period, about how often, on average, did you use marijuana?

Once a week or more often	1
Several days a month, but less than once a week (about 13 to 25 days)	2
1 or 2 days a month (about 6 to 12 days)	3
About 3 to 5 days	4
2 days	5
1 day	6
(Don't know)	-1
(Refused)	-2

SKIP TO QUESTION D4 IF USE OF ALL DRUGS IS LESS RECENT THAN THE PAST 30 DAYS. OTHERWISE, ASK QUESTION D3 FOR ALL DRUGS USED IN THE PAST 30 DAYS.

D3. (ASK ONLY FOR DRUGS USED IN THE LAST 30 DAYS) On about how many different days did you use [DRUG] during the past 30 days for nonmedical reasons?

	a. Mar	b. Hal	c. Cok	d. Her	e. Stm	f. Inh
Days used in past 30 (ENTER TOTAL NUMBER:)	— —	— —	— —	— —	— —	— —
(DO NOT READ)						
<i>Don't know</i>	-1	-1	-1	-1	-1	-1
<i>Refused</i>	-2	-2	-2	-2	-2	-2

The next questions ask about use of sleeping pills or tranquilizers that require a doctor's prescription.

D4T. *Have you ever been prescribed sleeping pills or tranquilizers for a medical problem?*

yes	1	(GO TO D4Ta)
no	2	(SKIP TO QUESTION D5)
<i>don't know</i>	-1	
<i>refused</i>	-2	

D4Ta. (IF YES) In the last 12 months, *about* how often, *on average*, did you take sleeping pills or tranquilizers? (**READ RESPONSE CATEGORIES, BUT NOT THOSE IN PARENTHESES**)

<i>Once a week or more often</i>	1
<i>Several days a month</i> <i>(about 25 to 51 days a year)</i>	2
<i>1 or 2 days a month</i> <i>(about 12 to 24 days a year)</i>	3
<i>Every other month or so</i> <i>(about 6 to 11 days a year)</i>	4
<i>3 to 5 days in the past 12 months</i>	5
<i>1 or 2 days in the past 12 months</i>	6
<i>(Used sedatives/tranquilizers,</i> <i>but not in the past 12 months)</i>	7
<i>(Don't know)</i>	-1
<i>(Refused)</i>	-2

D4Tb. Have you ever experienced a seizure because you stopped taking these prescribed sedatives, including tranquilizers or barbiturates such as Xanax, Valium, Serax or phenobarbital?

yes	1	(GO TO D4Tc)
no	2	(SKIP TO QUESTION D5)
<i>don't know</i>	-1	
<i>refused</i>	-2	

D4Tc. (IF YES) When was the last time *this happened*?

In the past 7 days (1-7 days)	1
8 to 30 days ago (8-30 days)	2
1 to 6 months ago (31-182 days)	3
6 to 12 months ago (183-365 days)	4
12 to 18 months ago (366-547 days)	5
More than 18 months ago	6
<i>(Don't know)</i>	-1
<i>(Refused)</i>	-2

IF RESPONDENT REPORTS NEVER HAVING USED ANY OF THE DRUGS IN QUESTIONS D1-D3, SKIP TO MODULE F, TREATMENT HISTORY.

D5. Have you ever been admitted to a hospital or emergency room for a drug-related illness or injury?

yes	1	(GO TO D5a)
no	2	(SKIP TO QUESTION D6)
<i>don't know</i>	-1	
<i>refused</i>	-2	

(IF YES), (READ CHOICES; ENTER "1" FOR ALL THOSE ANSWERED "YES" AND "2" FOR ALL THOSE ANSWERED "NO." IF RESPONDENT WAS USING MORE THAN ONE DRUG AT THE TIME OF HOSPITALIZATION, AND DOES NOT KNOW WHICH DRUG CAUSED THE COMPLICATION, ENTER "1" FOR ALL DRUGS BEING USED AT THAT TIME.)

Were you hospitalized for complications due to your use of

		<u>Y</u>	<u>N</u>	<u>Dk</u>	<u>Rf</u>
D5a.	marijuana?	1	2	-1	-2
D5b.	hallucinogens?	1	2	-1	-2
D5c.	cocaine?	1	2	-1	-2
D5d.	heroin/other opiates?	1	2	-1	-2
D5e.	stimulants/"uppers"?	1	2	-1	-2
D5f.	inhalants	1	2	-1	-2

D6. Have you ever had a problem with, felt addicted to, or hooked on.

		<u>Y</u>	<u>N</u>	<u>Dk</u>	<u>Rf</u>
D6a.	Marijuana	1	2	-1	-2
D6b.	Hallucinogens	1	2	-1	-2
D6c.	Cocaine	1	2	-1	-2
D6d.	Heroin/other opiates	1	2	-1	-2
D6e.	Stimulants/"uppers"	1	2	-1	-2
D6f.	Inhalants	1	2	-1	-2

D7. Have you ever injected any drug by needle for nonmedical reasons?

yes	1	(GO TO D7a)
no	2	(IF NO, SKIP TO INSTRUCTIONS FOLLOWING QUESTION D9s)
<i>don't know</i>	-1	
<i>refused</i>	-2	

D7a. **(IF YES:)** Tell me which drugs you injected by answering "yes" when I mention its name.
(READ CHOICES)

	Yes	No	Dk	Rf
Hallucinogens (LSD, PCP, peyote, mescaline, "Ecstasy")	1	2	-1	-2
D7b. Cocaine	1	2	-1	-2
D7c. Heroin and other opiates/opioids (Codeine, Demerol, morphine, Percodan, Methadone, Dilaudid)	1	2	-1	-2
D7d. (IF NO TO COCAINE OR HEROIN/OTHER OPIATES, ASK:) Have you ever injected a speedball (cocaine or heroin/opiates combined)?	1	2	-1	-2
D7e. Stimulants or "uppers," such as "crystal," "speed," or "crank"?	1	2	-1	-2
D7f. Have you ever injected some other drug?	1	2	-1	-2
D7g. (Specify:_____)				

(INTERVIEWER: IF RESPONDENT SAYS YES TO SPEEDBALL, REVIEW PREVIOUS RESPONSES TO HEROIN AND COCAINE. CORRECT ANY OMISSIONS)

(CAPI USE ONLY)

Is D7d = 1 and (D1e = 8 or D1f = 2)?

<i>no</i>	<i>2</i>	(SKIP TO NEXT SCREEN)
<i>yes</i>	<i>1*</i>	

D7g. *Earlier, you indicated that you had never used cocaine. Since speedballs contain cocaine, we want to count using speedballs as using cocaine.

About how often, on average, in the past 12 months did you use cocaine in any form, including "speedballs?" (READ RESPONSE CATEGORIES, BUT NOT THOSE IN PARENTHESES)

	Original	Recode
<i>Once a week or more often</i>	<i>1</i>	<i>1*</i>
<i>Several days a month (about 25 to 51 days a year)</i>	<i>2</i>	<i>2*</i>
<i>1 or 2 days a month (about 12 to 24 days a year)</i>	<i>3</i>	<i>3*</i>
<i>Every other month or so (about 6 to 11 days a year)</i>	<i>4</i>	<i>4*</i>
<i>3 to 5 days in the past 12 months</i>	<i>5</i>	<i>5*</i>
<i>1 or 2 days in the past 12 months</i>	<i>6</i>	<i>6*</i>
<i>(Did not use cocaine in the past 12 months)</i>	<i>7</i>	<i>7</i>
<i>(Don't know)</i>	<i>-1</i>	<i>-1</i>
<i>(Refused)</i>	<i>-2</i>	<i>-2</i>

***(GO TO NEXT SCREEN.)**

(CAPI USE ONLY)

Is D7d = 1 and (D1g = 8 or Dlh = 2)?

<i>no</i>	<i>2</i>	(SKIP TO QUESTION D8)
<i>yes</i>	<i>1*</i>	

D7i. *Earlier, you indicated that you had never used heroin. Since speedballs contain heroin, we want to count using speedballs as using heroin.

About how often, on average, in the past 12 months did you use heroin in any form including speedballs? (READ RESPONSE CATEGORIES, BUT NOT THOSE IN PARENTHESES)

	Original	Recode
<i>Once a week or more often</i>	<i>1</i>	<i>1*</i>
<i>Several days a month (about 25 to 51 days a year)</i>	<i>2</i>	<i>2*</i>
<i>1 or 2 days a month (about 12 to 24 days a year)</i>	<i>3</i>	<i>3*</i>
<i>Every other month or so (about 6 to 11 days a year)</i>	<i>4</i>	<i>4*</i>
<i>3 to 5 days in the past 12 months</i>	<i>5</i>	<i>5*</i>
<i>1 or 2 days in the past 12 months</i>	<i>6</i>	<i>6*</i>
<i>(Did not use heroin in the past 12 months)</i>	<i>7</i>	<i>7</i>
<i>(Don't know)</i>	<i>-1</i>	<i>-1</i>
<i>(Refused)</i>	<i>-2</i>	<i>-2</i>

***(SKIP TO QUESTION D8.)**

D8. When was the *last* time you used any drug for nonmedical reasons with a needle? **(READ CHOICES)**

In the past 30 days (1-30 days)	1	
1 - 6 months ago (31-182 days)	2	
6 - 12 months ago (183-365 days)	3	
12 to 18 months ago (366-547 days)	4	(SKIP TO D9)
19 months to 5 years ago	5	(SKIP TO D9)
6 to 15 years ago	6	(SKIP TO D9)
More than 15 years ago	7	(SKIP TO D9)
<i>Don't know</i>	-1	(SKIP TO D9)
<i>Refused</i>	-2	(SKIP TO D9)

D8a. **(IF INJECTED IN THE LAST 12 MONTHS):** How often on average have you injected a drug by needle for nonmedical reasons in the past 12 months? **(READ CHOICES)**

Daily	1
1 to 6 days a week	2
At least once a month, but less than once a week (about 12 to 51 days a year)	3
Every other month or so (about 6 to 11 days a year)	4
3 to 5 days in the past 12 months	5
1 or 2 days in the past 12 months	6
<i>Don't know</i>	-1
<i>Refused</i>	-2

D8b. In the last 12 months, about how often did you use a new, sterile needle when you injected drugs (that is, a needle that has never been used at all)?

Always	1
Usually (more than half of the time)	2
Sometimes (less than half of the time)	3
Never	4
<i>Don't Know</i>	-1
<i>Refused</i>	-2

D9. Have you ever injected drugs with a needle that you know or suspect had been used by someone else?

Yes	1
No	2 (SKIP TO D9s)
<i>Don't Know</i>	-1
<i>Refused</i>	-2

IF NEEDLE USE IN QUESTION D8 IS LESS RECENT THAN THE PAST 12 MONTHS, THEN CONTINUE WITH QUESTION D9a. OTHERWISE, SKIP TO D9s.

D9a. In the last 12 months, about how often did you use a needle or syringe that someone else may have used?

Always	1
Usually (more than half of the time)	2
Sometimes (less than half of the time)	3
Never	4
<i>Don't Know</i>	-1
<i>Refused</i>	-2

D9b. In the last 12 months, about how often did you clean your needle with bleach or some other disinfectant just before you used it?

Always	1
Usually (more than half of the time)	2
Sometimes (less than half of the time)	3
Never	4
<i>Don't Know</i>	-1
<i>Refused</i>	-2

D9s. INTERVIEWER: INDICATE ALL QUALIFYING DRUGS (ON NEXT PAGE) AND REFER BACK TO THIS LIST AS NECESSARY THROUGHOUT THE INTERVIEW.

QUALIFYING DRUGS ARE DEFINED AS:

- FOR MARIJUANA:
 - USED AT LEAST 3 DAYS IN THE PAST 12 MONTHS FROM QUESTION D1a (*i.e., prorated equivalent of use more than 5 days in the past 18 months*); OR
 - USED AT LEAST 3 DAYS IN THE PAST 30 DAYS IN D3a; OR
 - USED ON 2 OR MORE DAYS IN THE PAST 12 TO 18 MONTHS IN D2aa.
- FOR HALLUCINOGENS, COCAINE, HEROIN, STIMULANTS, AND INHALANTS: ANY USE IN THE PAST 18 MONTHS IN QUESTIONS D1c, D1e, D1g, D1i, D1k OR D2b, D2c, D2d, D2e, OR D2f; OR
- FOR ALL DRUGS:

IF RESPONDENT REPORTS A DRUG-RELATED HOSPITALIZATION IN QUESTION D5a THROUGH D5f DUE TO THAT DRUG; OR

IF RESPONDENT REPORTS HAVING A PROBLEM WITH OR BEING ADDICTED TO A PARTICULAR DRUG IN QUESTION D6a THROUGH D6f; OR

IF RESPONDENT REPORTS HAVING USED HALLUCINOGENS, COCAINE, HEROIN, OR STIMULANTS DRUG WITH A NEEDLE IN QUESTION D7a THROUGH D7d. [NOTE: BOTH COCAINE AND HEROIN BECOME QUALIFYING DRUGS IF "SPEEDBALL" USE REPORTED IN D7e.]

- * **[NOTE: FOR ITEMS D3, D5a THROUGH f AND D6a THROUGH f, CONSIDER "REFUSED" OR "DON'T KNOW" AS EQUAL TO AN AFFIRMATIVE RESPONSE.]**

QUALIFYING DRUGS FOR THIS RESPONDENT:

	YES	NO
QD1. Marijuana	1	2
QD2. Hallucinogens	1	2
QD3. Cocaine	1	2
QD4. Heroin; Opiates; Opioids	1	2
QD5. Stimulants	1	2
QD6. Inhalants	1	2

(IF ANY DRUGS QUALIFY, CONTINUE WITH QUESTION D10.)

(IF THERE ARE NO QUALIFYING DRUGS IN THIS MODULE SKIP TO MODULE F, TREATMENT HISTORY.)

(ASK FOR EACH QUALIFYING DRUG ONLY:)

D10. Think about the period of time in your life when you were using [QUALIFYING DRUG] most frequently.

During that period, about how *often* were you using [DRUG], on average?

	D10a Mar	D10e Hal	D10i Cok	D10m Her	D10q Stm	D10u Inh
<i>Daily</i>	1	1	1	1	1	1
<i>1 to 6 days a week</i>	2	2	2	2	2	2
<i>At least once a month, but less than once a week</i>	3	3	3	3	3	3
<i>Less than once a month</i>	4	4	4	4	4	4
<i>Don't know</i>	-1	-1	-1	-1	-1	-1
<i>Refused</i>	-2	-2	-2	-2	-2	-2

* (ENTER 10b and 10c UNDER RELEVANT DRUG NAME BELOW:)

What was *your* longest period of using [DRUG] that *often*?

	D10b and c Mar	D10f and g Hal	D10j and k Cok	D10n and o Her	D10r and s Stm	D10v and w Inh
DAYS: __ __	__ __	__ __	__ __	__ __	__ __	__ __
WEEKS: __ __	__ __	__ __	__ __	__ __	__ __	__ __
MONTHS: __ __	__ __	__ __	__ __	__ __	__ __	__ __
YEARS: __ __	__ __	__ __	__ __	__ __	__ __	__ __
<i>Don't know</i>	-1	-1	-1	-1	-1	-1
<i>Refused</i>	-2	-2	-2	-2	-2	-2

(GO TO d10d)-MAR

(GO TO d10h)-HAL

(GO TO d10l)-COK

(GO TO d10p)-HER

(GO TO d10t)-STM

(GO TO d10x)-INH

When was the last time you used *[DRUG]* that *often*? (ASK FOR EACH QUALIFYING DRUG ONLY)

	D10d Mar	D10h Hal	D10l Cok	D10p Her	D10t Stm	D10x Inh
In the past 7 days (1-7 days)	1	1	1	1	1	1
8 to 30 days ago (8-30 days)	2	2	2	2	2	2
1 to 6 months ago (31-182 days)	3	3	3	3	3	3
6 to 12 months ago (183-365 days)	4	4	4	4	4	4
12 to 18 months ago (366-547 days)	5	5	5	5	5	5
More than 18 months ago	6	6	6	6	6	6
<i>Don't know</i>	-1	-1	-1	-1	-1	-1
<i>Refused</i>	-2	-2	-2	-2	-2	-2

(CONTINUE WITH MODULE E, DIS DRUG DIAGNOSIS.)

E. DIS Drug Diagnosis**E1. (ASK EACH OF THE FOLLOWING QUESTIONS FOR QUALIFYING DRUGS ONLY.)**

I am going to ask you the next few questions about your lifetime experience with [NAME QUALIFYING DRUGS].

Again, when I ask you about your lifetime experiences with hallucinogens, I'm asking you only about use outside of religious ceremonies.

[IF ONLY ONE QUALIFYING DRUG, SKIP TO E1b set]

E1a. Has there ever been a period when you spent a great deal of time using these drugs, getting them, or getting over their effects?

YES	1	
NO	2	(SKIP TO QUESTION E2)
* <i>DON'T KNOW</i>	-1	(ASK QUESTION E1b)
<i>REFUSED</i>	-2	(GO TO E2)

(IF YES, ASK FOR EACH QUALIFYING DRUG:) Have you ever spent a great deal of time getting, using, or getting over the effects of [DRUG]?

	<u>Y</u>	<u>N</u>	<u>Dk</u>	<u>Rf</u>
E1b. Marijuana	1	2	-1	-2
E1e. Hallucinogens	1	2	-1	-2
E1h. Cocaine	1	2	-1	-2
E1k. Heroin/other opiates	1	2	-1	-2
E1n. Stimulants/"uppers"	1	2	-1	-2
E1q. Inhalants	1	2	-1	-2

(IF YES:)

Was that period ever as long as one month?

	<u>Y</u>	<u>N</u>	<u>Dk</u>	<u>Rf</u>
E1c. Marijuana	1	2	-1	-2
E1f. Hallucinogens	1	2	-1	-2
E1i. Cocaine	1	2	-1	-2
E1l. Heroin/other opiates	1	2	-1	-2
E1o. Stimulants/"uppers"	1	2	-1	-2
E1r. Inhalants	1	2	-1	-2

When was the last time (you spent a great deal of time getting, using, or getting over the effects of [DRUG])?

	Eld Mar	Elg Hal	Elj Cok	Elm Her	Elp Stm	Els Inh
In the past 7 days (1-7 days)	1	1	1	1	1	1
8 to 30 days ago (8-30 days)	2	2	2	2	2	2
1 to 6 months ago (31-182 days)	3	3	3	3	3	3
6 to 12 months ago (183-365 days)	4	4	4	4	4	4
12 to 18 months ago (366-547 days)	5	5	5	5	5	5
More than 18 months ago	6	6	6	6	6	6
<i>Don't know</i>	-1	-1	-1	-1	-1	-1
<i>Refused</i>	-2	-2	-2	-2	-2	-2

[IF ONLY ONE QUALIFYING DRUG, SKIP TO E2b set]

E2. Have you often used larger amounts of one of these drugs than you intended to?

YES	1	(SKIP TO QUESTION E2b)
NO	2	(GO TO E2a)
* <i>DON'T KNOW</i>	-1	(ASK QUESTION E2a)
* <i>REFUSED</i>	-2	(ASK QUESTION E2a)

E2a. Have you often used one of these drugs for a longer period than you intended to?

YES	1	(GO TO E2b)
NO	2	(SKIP TO QUESTION E3)
* <i>DON'T KNOW</i>	-1	(ASK QUESTION E2b)
<i>REFUSED</i>	-2	(GO TO E3)

(IF YES, ASK FOR EACH QUALIFYING DRUG:) Have you often used [DRUG] in larger amounts or used it for a longer period than you intended to?

	<u>Y</u>	<u>N</u>	<u>Dk</u>	<u>Rf</u>
E2b. Marijuana	1	2	-1	-2
E2f. Hallucinogens	1	2	-1	-2
E2j. Cocaine	1	2	-1	-2
E2n. Heroin/other opiates	1	2	-1	-2
e2r. Stimulants/"uppers"	1	2	-1	-2
e2v. Inhalants	1	2	-1	-2

(IF YES) When was the last time?

	E2c Mar	E2g Hal	E2k Cok	E2o Her	E2s Stm	E2w Inh
In the past 7 days (1-7 days)	1	1	1	1	1	1
8 to 30 days ago (8-30 days)	2	2	2	2	2	2
1 to 6 months ago (31-182 days)	3	3	3	3	3	3
6 to 12 months ago (183-365 days)	4	4	4	4	4	4
12 to 18 months ago (366-547 days)	5	5	5	5	5	5
More than 18 months ago	6	6	6	6	6	6
<i>Don't know</i>	-1	-1	-1	-1	-1	-1
<i>Refused</i>	-2	-2	-2	-2	-2	-2

Has that ever occurred on most days for at least one month?

E2d. Marijuana		E2h. Hallucinogens		E2l. Cocaine	
YES	1	YES	1	YES	1
NO	2	NO	2	NO	2
DK	-1	DK	-1	DK	-1
RF	-2	RF	-2	RF	-2
E2p. Heroin		E2t. Stimulants		E2x. Inhalants	
YES	1	YES	1	YES	1
NO	2	NO	2	NO	2
DK	-1	DK	-1	DK	-1
RF	-2	RF	-2	RF	-2

(IF NO:) Has that ever occurred repeatedly over a longer period of time?

E2e.	YES	1	E2i.	YES	1	E2m.	YES	1
	NO	2		NO	2		NO	2
	DK	-1		DK	-1		DK	-1
	RF	-2		RF	-2		RF	-2
E2q.	YES	1	E2u.	YES	1	E2y.	YES	1
	NO	2		NO	2		NO	2
	DK	-1		DK	-1		DK	-1
	RF	-2		RF	-2		RF	-2

[IF ONLY ONE QUALIFYING DRUG, SKIP TO E3a set]

E3. Have you often wanted to cut down on any of these drugs, or have you ever tried to cut down but couldn't?

	YES	1	
	NO	2	(SKIP TO QUESTION E4)
*	<i>DON'T KNOW</i>	-1	(ASK QUESTION E3a)
	<i>REFUSED</i>	-2	

(IF YES, ASK FOR EACH QUALIFYING DRUG:) Have you often wanted to cut down on [DRUG] or ever tried to cut down but couldn't?

		<u>Y</u>	<u>N</u>	<u>Dk</u>	<u>Rf</u>
E3a.	Marijuana	1	2	-1	-2
E3d.	Hallucinogens	1	2	-1	-2
E3g.	Cocaine	1	2	-1	-2
E3j.	Heroin/other opiates	1	2	-1	-2
E3m.	Stimulants/"uppers"	1	2	-1	-2
E3p.	Inhalants	1	2	-1	-2

(IF ANY YES)

Were you unable to quit or cut down on [DRUG] several times?

		<u>Y</u>	<u>N</u>	<u>Dk</u>	<u>Rf</u>
E3b.	Marijuana	1	2	-1	-2
E3e.	Hallucinogens	1	2	-1	-2
E3h.	Cocaine	1	2	-1	-2
E3k.	Heroin/other opiates	1	2	-1	-2
E3n.	Stimulants/"uppers"	1	2	-1	-2
E3q.	Inhalants	1	2	-1	-2

When was the last time?

	E3c Mar	E3f Hal	E3i Cok	E3l Her	E3o Stm	E3r Inh
In the past 7 days (1-7 days)	1	1	1	1	1	1
8 to 30 days ago (8-30 days)	2	2	2	2	2	2
1 to 6 months ago (31-182 days)	3	3	3	3	3	3
6 to 12 months ago (183-365 days)	4	4	4	4	4	4
12 to 18 months ago (366-547 days)	5	5	5	5	5	5
More than 18 months ago	6	6	6	6	6	6
<i>Don't know</i>	-1	-1	-1	-1	-1	-1
<i>Refused</i>	-2	-2	-2	-2	-2	-2

[IF ONLY ONE QUALIFYING DRUG, SKIP TO E4b set]

E4. Did you ever find that you had to use a lot more of any of these drugs than you used to in order to get the same effect?

YES	1	(SKIP TO QUESTION E4b)
NO	2	(GO TO E4a)
<i>DON'T KNOW</i>	-1	
<i>REFUSED</i>	-2	

E4a. Did you ever find that the same amount of any of these drugs had much less effect on you than before?

	YES	1	(GO TO E4b)
	NO	2	(SKIP TO QUESTION E5)
*	<i>DON'T KNOW</i>	-1	(ASK QUESTION E4b)
	<i>REFUSED</i>	-2	(GO TO E5)

(IF YES TO EITHER QUESTION E4 OR E4a, ASK FOR EACH:)

Did you ever find you needed a lot more [DRUG] to get the same effect or find that the same amount had much less effect than before?

	<u>Y</u>	<u>N</u>	<u>Dk</u>	<u>Rf</u>
E4b. Marijuana	1	2	-1	-2
E4f. Hallucinogens	1	2	-1	-2
E4j. Cocaine	1	2	-1	-2
E4n. Heroin/other opiates	1	2	-1	-2
E4r. Stimulants/"uppers"	1	2	-1	-2
E4v. Inhalants	1	2	-1	-2

(IF YES:)

When was the last time?

	E4c Mar	E4g Hal	E4k Cok	E4o Her	E4s Stm	E4w Inh
In the past 7 days (1-7 days)	1	1	1	1	1	1
8 to 30 days ago (8-30 days)	2	2	2	2	2	2
1 to 6 months ago (31-182 days)	3	3	3	3	3	3
6 to 12 months ago (183-365 days)	4	4	4	4	4	4
12 to 18 months ago (366-547 days)	5	5	5	5	5	5
More than 18 months ago	6	6	6	6	6	6
<i>Don't know</i>	-1	-1	-1	-1	-1	-1
<i>Refused</i>	-2	-2	-2	-2	-2	-2

Has that ever occurred most days for a month or more?

E4d. Marijuana		E4h. Hallucinogens		E4l. Cocaine	
YES	1	YES	1	YES	1
NO	2	NO	2	NO	2
DK	-1	DK	-1	DK	-1
RF	-2	RF	-2	RF	-2

E4p. Heroin		E4u. Stimulants		E4x. Inhalants	
YES	1	YES	1	YES	1
NO	2	NO	2	NO	2
DK	-1	DK	-1	DK	-1
RF	-2	RF	-2	RF	-2

(IF NO) Has that occurred several times?

E4e.	YES	1	E4i.	YES	1	E4m.	YES	1
	NO	2		NO	2		NO	2
	DK	-1		DK	-1		DK	-1
	RF	-2		RF	-2		RF	-2

E4q.	YES	1	E4u.	YES	1	E4y.	YES	1
	NO	2		NO	2		NO	2
	DK	-1		DK	-1		DK	-1
	RF	-2		RF	-2		RF	-2

[IF ONLY ONE QUALIFYING DRUG, SKIP TO E5a set]

E5. Has stopping or cutting down on any of these drugs made you sick or given you withdrawal symptoms?

YES	1	(GO TO E5a)
NO	2	(SKIP TO QUESTION E6)
* <i>DON'T KNOW</i>	-1	(ASK QUESTION E5a)
<i>REFUSED</i>	-2	(GO TO E6)

(IF YES, ASK FOR EACH:) Did you have any of the following problems when you quit or cut down on your use of [DRUG]:

Feeling depressed or anxious?

	<u>Y</u>	<u>N</u>	<u>Dk</u>	<u>Rf</u>
E5a. Marijuana	1	2	-1	-2
E5m. Hallucinogens	1	2	-1	-2
E5y. Cocaine	1	2	-1	-2
E5ak. Heroin/other opiates	1	2	-1	-2
E5aw. Stimulants/"uppers"	1	2	-1	-2
E5bi. Inhalants	1	2	-1	-2

Trouble concentrating?

	<u>Y</u>	<u>N</u>	<u>Dk</u>	<u>Rf</u>
E5b. Marijuana	1	2	-1	-2
E5n. Hallucinogens	1	2	-1	-2
E5z. Cocaine	1	2	-1	-2
E5al. Heroin/other opiates	1	2	-1	-2
E5ax. Stimulants/"uppers"	1	2	-1	-2
E5bj. Inhalants	1	2	-1	-2

Being tired or having trouble sleeping?

	<u>Y</u>	<u>N</u>	<u>Dk</u>	<u>Rf</u>
E5c. Marijuana	1	2	-1	-2
E5o. Hallucinogens	1	2	-1	-2
E5aa. Cocaine	1	2	-1	-2
E5am. Heroin/other opiates	1	2	-1	-2
E5ay. Stimulants/"uppers"	1	2	-1	-2
E5bk. Inhalants	1	2	-1	-2

Trembling, sweating, runny eyes, or your heart beating fast?

	<u>Y</u>	<u>N</u>	<u>Dk</u>	<u>Rf</u>
E5d. Marijuana	1	2	-1	-2
E5p. Hallucinogens	1	2	-1	-2
E5ab. Cocaine	1	2	-1	-2
E5an. Heroin/other opiates	1	2	-1	-2
E5az. Stimulants/"uppers"	1	2	-1	-2
E5bl. Inhalants	1	2	-1	-2

Nausea, vomiting, or diarrhea?

	<u>Y</u>	<u>N</u>	<u>Dk</u>	<u>Rf</u>
E5e. Marijuana	1	2	-1	-2
E5q. Hallucinogens	1	2	-1	-2
E5ac. Cocaine	1	2	-1	-2
E5ao. Heroin/other opiates	1	2	-1	-2
E5ba. Stimulants/"uppers"	1	2	-1	-2
E5bm. Inhalants	1	2	-1	-2

Seeing or hearing things that weren't there?

	<u>Y</u>	<u>N</u>	<u>Dk</u>	<u>Rf</u>
E5f. Marijuana	1	2	-1	-2
E5r. Hallucinogens	1	2	-1	-2
E5ad. Cocaine	1	2	-1	-2
E5ap. Heroin/other opiates	1	2	-1	-2
E5bb. Stimulants/"uppers"	1	2	-1	-2
E5bn. Inhalants	1	2	-1	-2

Seizures?

	<u>Y</u>	<u>N</u>	<u>Dk</u>	<u>Rf</u>
E5g. Marijuana	1	2	-1	-2
E5s. Hallucinogens	1	2	-1	-2
E5ae. Cocaine	1	2	-1	-2
E5aq. Heroin/other opiates	1	2	-1	-2
E5bc. Stimulants/"uppers"	1	2	-1	-2
E5bo. Inhalants	1	2	-1	-2

Muscle pains?

	<u>Y</u>	<u>N</u>	<u>Dk</u>	<u>Rf</u>
E5h. Marijuana	1	2	-1	-2
E5t. Hallucinogens	1	2	-1	-2
E5af. Cocaine	1	2	-1	-2
E5ar. Heroin/other opiates	1	2	-1	-2
E5bd. Stimulants/"uppers"	1	2	-1	-2
E5bp. Inhalants	1	2	-1	-2

(IF YES)

Did you get sick several times from quitting or cutting down on [DRUG]?

	<u>Y</u>	<u>N</u>	<u>Dk</u>	<u>Rf</u>
E5i. Marijuana	1	2	-1	-2
E5u. Hallucinogens	1	2	-1	-2
E5ag. Cocaine	1	2	-1	-2
E5as. Heroin/other opiates	1	2	-1	-2
E5be. Stimulants/"uppers"	1	2	-1	-2
E5bq. Inhalants	1	2	-1	-2

(IF NO) Did your symptoms ever last at least 1 month?

	<u>Y</u>	<u>N</u>	<u>Dk</u>	<u>Rf</u>
E5j. Marijuana	1	2	-1	-2
E5v. Hallucinogens	1	2	-1	-2
E5ah. Cocaine	1	2	-1	-2
E5at. Heroin/other opiates	1	2	-1	-2
E5bf. Stimulants/"uppers"	1	2	-1	-2
E5br. Inhalants	1	2	-1	-2

When was the last time you had any of those symptoms from cutting down on [DRUG]?

	E5k Mar	E5w Hal	E5ai Cok	E5au Her	E5bg Stm	E5bs Inh
In the past 7 days (1-7 days)	1	1	1	1	1	1
8 to 30 days ago (8-30 days)	2	2	2	2	2	2
1 to 6 months ago (31-182 days)	3	3	3	3	3	3
6 to 12 months ago (183-365 days)	4	4	4	4	4	4
12 to 18 months ago (366-547 days)	5	5	5	5	5	5
More than 18 months ago	6	6	6	6	6	6
<i>Don't know</i>	-1	-1	-1	-1	-1	-1
<i>Refused</i>	-2	-2	-2	-2	-2	-2

(IF HAD WITHDRAWAL SYMPTOMS IN LAST 12 MONTHS) How severe, at its worst, was the withdrawal from [DRUG] during the past 12 months? Was it not at all severe, slightly severe, moderately severe, or very severe?

	E5l Mar	E5x Hal	E5aj Cok	E5av Her	E5bh Stm	E5bt Inh
Not at all severe	1	1	1	1	1	1
Slightly severe	2	2	2	2	2	2
Moderately severe	3	3	3	3	3	3
Very severe	4	4	4	4	4	4
<i>Don't know</i>	-1	-1	-1	-1	-1	-1
<i>Refused</i>	-2	-2	-2	-2	-2	-2

[IF ONLY ONE QUALIFYING DRUG, SKIP TO E6a set]

E6. Have you ever used any of these drugs to make withdrawal symptoms go away or to keep from having them?

	YES	1	
	NO	2	(SKIP TO QUESTION E7)
*	DON'T KNOW	-1	(ASK QUESTION E6a)
	REFUSED	-2	(GO TO E7)

(IF YES, ASK FOR EACH:) Have you ever used [DRUG] to make withdrawal symptoms go away or to keep from having them?

	<u>Y</u>	<u>N</u>	<u>Dk</u>	<u>Rf</u>
E6a. Marijuana	1	2	-1	-2
E6d. Hallucinogens	1	2	-1	-2
E6g. Cocaine	1	2	-1	-2
E6j. Heroin/other opiates	1	2	-1	-2
E6m. Stimulants/"uppers"	1	2	-1	-2
E6p. Inhalants	1	2	-1	-2

(IF YES:)

Have you done that several times?

	<u>Y</u>	<u>N</u>	<u>Dk</u>	<u>Rf</u>
E6b. Marijuana	1	2	-1	-2
E6e. Hallucinogens	1	2	-1	-2
E6h. Cocaine	1	2	-1	-2
E6k. Heroin/other opiates	1	2	-1	-2
E6n. Stimulants/"uppers"	1	2	-1	-2
E6q. Inhalants	1	2	-1	-2

When was the last time?

	E6c Mar	E6f Hal	E6i Cok	E6l Her	E6o Stm	E6r Inh
In the past 7 days (1-7 days)	1	1	1	1	1	1
8 to 30 days ago (8-30 days)	2	2	2	2	2	2
1 to 6 months ago (31-182 days)	3	3	3	3	3	3
6 to 12 months ago (183-365 days)	4	4	4	4	4	4
12 to 18 months ago (366-547 days)	5	5	5	5	5	5
More than 18 months ago	6	6	6	6	6	6
<i>Don't know</i>	-1	-1	-1	-1	-1	-1
<i>Refused</i>	-2	-2	-2	-2	-2	-2

- E7. Did you have any physical health problems like an accidental overdose, a persistent cough, a seizure, an infection, a cut, sprain, burn, or other injury as a result of taking (this drug/any of these drugs)?

YES	1	
NO	2	(SKIP TO QUESTION E8)
* DON'T KNOW	-1	(SEE INSTRUCTIONS BELOW)
REFUSED	-2	(GO TO E8)

- * (IF YES, AND ONLY ONE QUALIFYING DRUG, SKIP TO E7b set. IF "DON'T KNOW" AND ONLY ONE QUALIFYING DRUG, SKIP TO E8a. OTHERWISE, ASK FOR EACH:)

RESPONSES FOR QUESTION E7a AND E7b

Did [DRUG] cause you physical health problems? (IF NO, ASK ABOUT NEXT DRUG)

E7a. Marijuana	E7g. Hallucinogens	E7m. Cocaine
YES 1	YES 1	YES 1
NO 2	NO 2	NO 2
DK -1	DK -1	DK -1
RF -2	RF -2	RF -2
E7s. Heroin	E7y. Stimulants	E7ae. Inhalants
YES 1	YES 1	YES 1
NO 2	NO 2	NO 2
DK -1	DK -1	DK -1
RF -2	RF -2	RF -2

(IF YES:)

Did you continue to use [DRUG] after you knew it caused you these problems?

E7b. YES 1	E7h. YES 1	E7n. YES 1
NO 2	NO 2	NO 2
DK -1	DK -1	DK -1
RF -2	RF -2	RF -2
E7t. YES 1	E7z. YES 1	E7af. YES 1
NO 2	NO 2	NO 2
DK -1	DK -1	DK -1
RF -2	RF -2	RF -2

(IF YES, ASK:)

When was the last time you continued to use [DRUG] after you knew it caused you health problems?

	E7c Mar	E7i Hal	E7o Cok	E7u Her	E7aa Stm	E7ag Inh
In the past 7 days (1-7 days)	1	1	1	1	1	1
8 to 30 days ago (8-30 days)	2	2	2	2	2	2
1 to 6 months ago (31-182 days)	3	3	3	3	3	3
6 to 12 months ago (183-365 days)	4	4	4	4	4	4
12 to 18 months ago (366-547 days)	5	5	5	5	5	5
More than 18 months ago	6	6	6	6	6	6
<i>Don't know</i>	-1	-1	-1	-1	-1	-1
<i>Refused</i>	-2	-2	-2	-2	-2	-2

Did you ever use [DRUG] for a month or more after you knew it caused these health problems?

	<u>Y</u>	<u>N</u>	<u>Dk</u>	<u>Rf</u>
E7d. Marijuana	1	2	-1	-2
E7j. Hallucinogens	1	2	-1	-2
E7p. Cocaine	1	2	-1	-2
E7v. Heroin/other opiates	1	2	-1	-2
E7ub. Stimulants/"uppers"	1	2	-1	-2
E7ah. Inhalants	1	2	-1	-2

E7e. **(IF YES)** Did you enter a hospital as a result of one of these health problems during the last year?

E7q.

E7w.

E7ac.

E7ai.

YES 1
NO 2
DON'T KNOW - 1
REFUSED -2

(SKIP TO QUESTION E8)

E7f. **(IF YES)** How many times? __ __

E7l.

E7r.

E7x.

E7ad.

E7aj.

[IF ONLY ONE QUALIFYING DRUG, SKIP TO E8a set]

E8. Did any of these drugs cause you considerable problems with your partner (spouse, significant other or boyfriend), family, friends, on the job, at school, or with the police?

	YES	1	
	NO	2	(SKIP TO QUESTION E9)
*	DON'T KNOW	-1	(ASK QUESTION E8a)
	REFUSED	-2	(GO TO E9)

RESPONSES FOR QUESTION E8a AND E8b

(IF YES, ASK FOR EACH:) Did [DRUG] cause you considerable problems with your partner (spouse, significant other or boyfriend), family, friends, on the job, at school, or with the police. **(IF NO, SKIP TO NEXT DRUG)**

E8a. Marijuana	E8e. Hallucinogens	E8i. Cocaine
YES 1	YES 1	YES 1
NO 2	NO 2	NO 2
DK -1	DK -1	DK -1
RF -2	RF -2	RF -2
E8m. Heroin	E8w. Stimulants	E8aa. Inhalants
YES 1	YES 1	YES 1
NO 2	NO 2	NO 2
DK -1	DK -1	DK -1
RF -2	RF -2	RF -2

(IF YES:)

Did you continue to use [DRUG] after you realized it was causing you any of those problems?

E8b. YES 1	E8f. YES 1	E8j. YES 1
NO 2	NO 2	NO 2
DK -1	DK -1	DK -1
RF -2	RF -2	RF -2
E8n. YES 1	E8x. YES 1	E8ab. YES 1
NO 2	NO 2	NO 2
DK -1	DK -1	DK -1
RF -2	RF -2	RF -2

(IF YES:)

When was the last time?

	E8c Mar	E8g Hal	E8k Cok	E8o Her	E8y Stm	E8ac Inh
In the past 7 days (1-7 days)	1	1	1	1	1	1
8 to 30 days ago (8-30 days)	2	2	2	2	2	2
1 to 6 months ago (31-182 days)	3	3	3	3	3	3
6 to 12 months ago (183-365 days)	4	4	4	4	4	4
12 to 18 months ago (366-547 days)	5	5	5	5	5	5
More than 18 months ago	6	6	6	6	6	6
<i>Don't know</i>	-1	-1	-1	-1	-1	-1
<i>Refused</i>	-2	-2	-2	-2	-2	-2

Did you ever use [DRUG] for a month or more after you realized it was causing you any of those problems?

	<u>Y</u>	<u>N</u>	<u>Dk</u>	<u>Rf</u>
E8d. Marijuana	1	2	-1	-2
E8h. Hallucinogens	1	2	-1	-2
E8l. Cocaine	1	2	-1	-2
E8p. Heroin/other opiates	1	2	-1	-2
E8z. Stimulants/"uppers"	1	2	-1	-2
E8ad. Inhalants	1	2	-1	-2

E8u. **(IF YES)** Were you arrested for possession or sale of (this drug/these drugs) during the last year?

YES	1
NO	2
<i>DON'T KNOW</i>	-1
<i>REFUSED</i>	-2

(SKIP TO QUESTION E9)E8v. **(IF YES:)** How many times? ____

[IF ONLY ONE QUALIFYING DRUG, SKIP TO E9a set]

E9. Have you often been high on any of these drugs or suffering their after-effects while at work, school, or taking care of children?

YES	1	(GO TO E9a)
NO	2	(SKIP TO QUESTION E10)
* <i>DON'T KNOW</i>	-1	(ASK QUESTION E9a)
<i>REFUSED</i>	-2	(GO TO E10)

(IF YES, ASK FOR EACH:) Have you often been high on or suffering the after-effects of [DRUG] while working, at school, or taking care of children?

	<u>Y</u>	<u>N</u>	<u>Dk</u>	<u>Rf</u>
E9a. Marijuana	1	2	-1	-2
E9e. Hallucinogens	1	2	-1	-2
E9i. Cocaine	1	2	-1	-2
E9m. Heroin/other opiates	1	2	-1	-2
E9q. Stimulants/"uppers"	1	2	-1	-2
E9u. Inhalants	1	2	-1	-2

(IF YES:)

When was the last time?

	E9b Mar	E9f Hal	E9j Cok	E9n Her	E9r Stm	E9v Inh
In the past 7 days (1-7 days)	1	1	1	1	1	1
8 to 30 days ago (8-30 days)	2	2	2	2	2	2
1 to 6 months ago (31-182 days)	3	3	3	3	3	3
6 to 12 months ago (183-365 days)	4	4	4	4	4	4
12 to 18 months ago (366-547 days)	5	5	5	5	5	5
More than 18 months ago	6	6	6	6	6	6
<i>Don't know</i>	-1	-1	-1	-1	-1	-1
<i>Refused</i>	-2	-2	-2	-2	-2	-2

Has that ever occurred on most days for a month or more?

E9c. Marijuana

YES 1
NO 2
DK -1
RF -2

E9g. Hallucinogens

YES 1
NO 2
DK -1
RF -2

E9k. Cocaine

YES 1
NO 2
DK -1
RF -2

E9o. Heroin.

YES 1
NO 2
DK -1
RF -2

E9s. Stimulants

YES 1
NO 2
DK -1
RF -2

E9w. Inhalants

YES 1
NO 2
DK -1
RF -2

(IF NO) Has that ever occurred repeatedly over a longer period of time?

E9d. YES 1
NO 2
DK -1
RF -2

E9h. YES 1
NO 2
DK -1
RF -2

E9l. YES 1
NO 2
DK -1
RF -2

E9p. YES 1
NO 2
DK -1
RF -2

E9t. YES 1
NO 2
DK -1
RF -2

E9x. YES 1
NO 2
DK -1
RF -2

(ASK THE NEXT THREE QUESTIONS BELOW FOR EACH QUALIFYING DRUG)

Did [DRUG] use often keep you from doing household chores or taking care of children?

	<u>Y</u>	<u>N</u>	<u>Dk</u>	<u>Rf</u>
E10a. Marijuana	1	2	-1	-2
E10e. Hallucinogens	1	2	-1	-2
E10i. Cocaine	1	2	-1	-2
E10m. Heroin/other opiates	1	2	-1	-2
E10q. Stimulants/"uppers"	1	2	-1	-2
E10u. Inhalants	1	2	-1	-2

Did [DRUG] cause you to miss work frequently, lose a raise or promotion, get suspended, or get fired?

	<u>Y</u>	<u>N</u>	<u>Dk</u>	<u>Rf</u>
E10b. Marijuana	1	2	-1	-2
E10f. Hallucinogens	1	2	-1	-2
E10j. Cocaine	1	2	-1	-2
E10n. Heroin/other opiates	1	2	-1	-2
E10r. Stimulants/"uppers"	1	2	-1	-2
E10v. Inhalants	1	2	-1	-2

Did [DRUG] cause you to miss school, be suspended from school or do poorly on tests?

	<u>Y</u>	<u>N</u>	<u>Dk</u>	<u>Rf</u>
E10c. Marijuana	1	2	-1	-2
E10g. Hallucinogens	1	2	-1	-2
E10k. Cocaine	1	2	-1	-2
E10o. Heroin/other opiates	1	2	-1	-2
E10s. Stimulants/"uppers"	1	2	-1	-2
E10w. Inhalants	1	2	-1	-2

(IF YES) When was the last time your [DRUG] use caused your work, school, or other responsibilities to suffer?

	E10d Mar	E10h Hal	E10l Cok	E10p Her	E10t Stm	E10x Inh
In the past 7 days (1-7 days)	1	1	1	1	1	1
8 to 30 days ago (8-30 days)	2	2	2	2	2	2
1 to 6 months ago (31-182 days)	3	3	3	3	3	3
6 to 12 months ago (183-365 days)	4	4	4	4	4	4
12 to 18 months ago (366-547 days)	5	5	5	5	5	5
More than 18 months ago	6	6	6	6	6	6
<i>Don't know</i>	-1	-1	-1	-1	-1	-1
<i>Refused</i>	-2	-2	-2	-2	-2	-2

- E11. Have you often been high on (this drug/one of these drugs) or feeling its after-effects in a situation where it increased your chances of getting hurt--for instance, when driving a car or boat, using knives, machinery, or guns, crossing against traffic, climbing or swimming?

YES	1	
NO	2	(SKIP TO QUESTION E12)
* <i>DON'T KNOW</i>	-1	(SEE INSTRUCTIONS BELOW)
<i>REFUSED</i>	-2	(GO TO E12)

***(IF YES, AND ONLY ONE QUALIFYING DRUG, SKIP TO E11b set. IF "DON'T KNOW" AND ONLY ONE QUALIFYING DRUG, SKIP TO E12. OTHERWISE, ASK FOR EACH:)**

Have you often been high on [DRUG] in a situation where it increased your chances of getting hurt?

	<u>Y</u>	<u>N</u>	<u>Dk</u>	<u>Rf</u>
E11a. Marijuana	1	2	-1	-2
E11e. Hallucinogens	1	2	-1	-2
E11i. Cocaine	1	2	-1	-2
E11m. Heroin/other opiates	1	2	-1	-2
E11q. Stimulants/"uppers"	1	2	-1	-2
E11u. Inhalants	1	2	-1	-2

(IF YES:) When was the last time?

	E11b Mar	E11f Hal	E11j Cok	E11n Her	Ellr Stm	Ellv Inh
In the past 7 days (1-7 days)	1	1	1	1	1	1
8 to 30 days ago (8-30 days)	2	2	2	2	2	2
1 to 6 months ago (31-182 days)	3	3	3	3	3	3
6 to 12 months ago (183-365 days)	4	4	4	4	4	4
12 to 18 months ago (366-547 days)	5	5	5	5	5	5
More than 18 months ago	6	6	6	6	6	6
<i>Don't know</i>	-1	-1	-1	-1	-1	-1
<i>Refused</i>	-2	-2	-2	-2	-2	-2

Has that ever occurred for a month or more?

E11c. Marijuana

YES 1
NO 2
DK -1
RF -2

E11g. Hallucinogens

YES 1
NO 2
DK -1
RF -2

E11k. Cocaine

YES 1
NO 2
DK -1
RF -2

E11o. Heroin

YES 1
NO 2
DK -1
RF -2

E11s. Stimulants

YES 1
NO 2
DK -1
RF -2

E11w. Inhalants

YES 1
NO 2
DK -1
RF -2

(IF NO) Has that ever occurred repeatedly over a longer period of time?

E11d. YES 1

NO 2
DK -1
RF -2

E11h. YES 1

NO 2
DK -1
RF -2

E11l. YES 1

NO 2
DK -1
RF -2

E11p. YES 1

NO 2
DK -1
RF -2

Ellt. YES 1

NO 2
DK -1
RF -2

Ellx. YES 1

NO 2
DK -1
RF -2

E12. Did you have any emotional or psychological problems from using (this drug/these drugs) -- such as feeling uninterested in things, depressed, suspicious of people, paranoid, or having strange ideas?

YES	1	
NO	2	(SKIP TO QUESTION E13)
* DON'T KNOW	-1	(SEE INSTRUCTIONS BELOW)
REFUSED	-2	(GO TO E13)

* (IF YES, AND ONLY ONE QUALIFYING DRUG SKIP TO E12b set. IF "DON'T KNOW" AND ONLY ONE QUALIFYING DRUG SKIP TO E13. OTHERWISE, ASK FOR EACH:)

RESPONSES FOR QUESTION E12a AND E12b

Did [DRUG] give you emotional or psychological problems? (IF NO, ASK ABOUT NEXT DRUG)

E12a. Marijuana	E12g. Hallucinogens	E12m. Cocaine
YES 1	YES 1	YES 1
NO 2	NO 2	NO 2
DK -1	DK -1	DK -1
RF -2	RF -2	RF -2
E12s. Heroin	E12y. Stimulants	E14e. Inhalants
YES 1	YES 1	YES 1
NO 2	NO 2	NO 2
DK -1	DK -1	DK -1
RF -2	RF -2	RF -2

(IF YES:) Did you continue to use [DRUG] after you knew it caused you those problems?

E12b. YES 1	E12h. YES 1	E12n. YES 1
NO 2	NO 2	NO 2
DK -1	DK -1	DK -1
RF -2	RF -2	RF -2
E12t. YES 1	E12z. YES 1	E14f. YES 1
NO 2	NO 2	NO 2
DK -1	DK -1	DK -1
RF -2	RF -2	RF -2

(IF YES:)

When was the last time (you continued using [DRUG] after you realized it was causing you emotional or psychological problems)?

	E12c Mar	E12i Hal	E12o Cok	E12u Her	E14a Stm	E14g Inh
In the past 7 days (1-7 days)	1	1	1	1	1	1
8 to 30 days ago (8-30 days)	2	2	2	2	2	2
1 to 6 months ago (31-182 days)	3	3	3	3	3	3
6 to 12 months ago (183-365 days)	4	4	4	4	4	4
12 to 18 months ago (366-547 days)	5	5	5	5	5	5
More than 18 months ago	6	6	6	6	6	6
<i>Don't know</i>	-1	-1	-1	-1	-1	-1
<i>Refused</i>	-2	-2	-2	-2	-2	-2

Did you ever use [DRUG] for a month or more after you found out it was causing you emotional or psychological problems?

	<u>Y</u>	<u>N</u>	<u>Dk</u>	<u>Rf</u>
E12d. Marijuana	1	2	-1	-2
E12j. Hallucinogens	1	2	-1	-2
E12p. Cocaine	1	2	-1	-2
E12v. Heroin/other opiates	1	2	-1	-2
E14b. Stimulants/"uppers"	1	2	-1	-2
E14h. Inhalants	1	2	-1	-2

E12e. **(IF YES TO E12)** Did you enter a hospital as a result of one of these emotional problems during the last year?

E12q.

E12w.

E14c.

E14i.

YES	1
NO	2
DON'T KNOW -	1
REFUSED	-2

(SKIP TO QUESTION E13)

E12f. **(IF YES)** How many times? ____

E12l.

E12r.

E12x.

E14d.

E14j.

E13. Have you ever given up or greatly reduced important activities in order to get or use (this drug/one of these drugs)-- such as sports, work, school, or associating with friends or relatives?

YES	1	
NO	2	(SKIP TO QUESTION F1)
* DON'T KNOW	-1	(SEE INSTRUCTIONS BELOW)
REFUSED	-2	

* (IF YES, AND ONLY ONE QUALIFYING DRUG, SKIP TO QUESTION E13b set. IF "DON'T KNOW" AND ONLY ONE QUALIFYING DRUG, SKIP TO QUESTION F1. OTHERWISE, ASK FOR EACH:)

Did you give up any important activities to get or use [DRUG]?

	<u>Y</u>	<u>N</u>	<u>Dk</u>	<u>Rf</u>
E13a. Marijuana	1	2	-1	-2
E13d. Hallucinogens	1	2	-1	-2
E13g. Cocaine	1	2	-1	-2
E13j. Heroin/other opiates	1	2	-1	-2
E13m. Stimulants/"uppers"	1	2	-1	-2
E13p. Inhalants	1	2	-1	-2

(IF YES, ASK:)

Did you give up any activity several times for [DRUG], or for a month or more?

	<u>Y</u>	<u>N</u>	<u>Dk</u>	<u>Rf</u>
E13b. Marijuana	1	2	-1	-2
E13e. Hallucinogens	1	2	-1	-2
E13h. Cocaine	1	2	-1	-2
E13k. Heroin/other opiates	1	2	-1	-2
E13n. Stimulants/"uppers"	1	2	-1	-2
E13q. Inhalants	1	2	-1	-2

When was the last time you gave up important activities for [DRUG]?

	E13c Mar	E13f Hal	E13i Cok	E13l Her	E13o Stm	E13r Inh
In the past 7 days (1-7 days)	1	1	1	1	1	1
8 to 30 days ago (8-30 days)	2	2	2	2	2	2
1 to 6 months ago (31-182 days)	3	3	3	3	3	3
6 to 12 months ago (183-365 days)	4	4	4	4	4	4
12 to 18 months ago (366-547 days)	5	5	5	5	5	5
More than 18 months ago	6	6	6	6	6	6
<i>Don't know</i>	-1	-1	-1	-1	-1	-1
<i>Refused</i>	-2	-2	-2	-2	-2	-2

F. Treatment History

(IF RESPONDENT REPORTS IN BOTH MODULES C AND D THAT HE/SHE HAS NEVER USED ALCOHOL OR OTHER DRUGS, THEN SKIP TO QUESTION F13. OTHERWISE, CONTINUE WITH QUESTION F1.)

- F1. Now, I'm going to ask you about alcohol or drug treatment. Treatment might include a stay in a hospital, treatment center, or halfway house. It could also consist of seeing a counselor, or receiving medication such as Antabuse or methadone.

Have you ever received treatment for your *use of* alcohol or other drugs?

yes	1	
no	2	(SKIP TO QUESTION F7)
* <i>don't know</i>	-1	(SKIP TO QUESTION F1b)
* <i>refused</i>	-2	(SKIP TO QUESTION F1b)

F1a. **(IF YES)** How many different times in your life *have you received treatment*?

# of times:	— — —
<i>don't know</i>	-1
<i>refused</i>	-2

F1a1. Did you ever receive treatment under court order?

yes	1
no	2
<i>don't know</i>	-1
<i>refused</i>	-2

F1b. Have you received treatment in the last 12 months?

yes	1	
no	2	(SKIP TO QUESTION F2)
<i>don't know</i>	-1	(GO TO F2)
* <i>refused</i>	-2	(SKIP TO QUESTION F7)

F1bi. **(IF YES)** How many different times *in the last 12 months*?

# times	— — —
<i>don't know</i>	-1
<i>refused</i>	-2

F1b1. Was any of the treatment you received in the last 12 months court ordered?

yes	1
no	2
<i>don't know</i>	-1
<i>refused</i>	-2

F1c. In the past 12 months, did you have to wait a week or more before receiving treatment because there was no opening?

yes	1	(GO TO F1ci)
no	2	(SKIP TO QUESTION F2)
<i>don't know</i>	-1	↓
<i>refused</i>	-2	

F1ci. **(IF YES)** *In the past 12 months, were you ever on more than one waiting list at the same time?*

yes	1
no	2
<i>don't know</i>	-1
<i>refused</i>	-2

F1ii. How long did you have to wait *before you could get into a treatment program?*

F1n.	{	Number of days:	___
		Number of weeks:	___
		Number of months:	___

- F2. The next questions are about the treatment you received. Treatment is often given in parts: first detoxification, then rehabilitation, perhaps followed by a halfway house, and finally aftercare.

Let's begin with detoxification. People are usually detoxified for a few days at the start of treatment to get help with withdrawal sickness and medical problems associated with it. "Detoxes" often occur in a hospital or residential center, where you stay 24 hours a day, but they can also occur in an outpatient setting.

- F2a. Did you ever receive detoxification treatment, either by itself or as part of a longer program?

yes	1	(GO TO F2b)
no	2	(SKIP TO QUESTION F3)
<i>don't know</i>	-1	
<i>refused</i>	-2	

- F2b. **(IF YES)** How many different times in your life *did you receive detoxification treatment?*

# times	— — —
<i>don't know</i>	-1
<i>refused</i>	-2

- F2c. **(HEROIN/OPIATE USERS ONLY)** Did you *ever* receive methadone as part of the detoxification treatment?

yes	1
no	2
<i>don't know</i>	-1
<i>refused</i>	-2

F2d. **(IF TREATED IN PAST 12 MONTHS)** Have you been detoxed in the last 12 months?

yes	1	
no	2	(SKIP TO QUESTION F3)
<i>don't know</i>	-1	
<i>refused</i>	-2	

F2e. **(IF YES)** How many different times in the last 12 months?

# times	— — —
<i>don't know</i>	-1
<i>refused</i>	-2

F2f. **(HEROIN/OPIATE USERS ONLY)** Did you receive methadone as part of the treatment *in the last 12 months*?

yes	1
no	2
<i>don't know</i>	-1
<i>refused</i>	-2

F2g. Think about the last time you were detoxed. After you were detoxed, did you continue to receive treatment, such as in a residential facility or as an outpatient?

yes	1
no	2
<i>don't know</i>	-1
<i>refused</i>	-2

- F3. Now, I want to ask about residential rehabilitation treatment, where a person lives away from home for *a certain number of days* in a hospital or residential center. It may have followed detoxification in the same facility.

Did you ever receive residential rehabilitation treatment?

yes	1	(GO TO F3b)
no	2	(SKIP TO QUESTION F4)
<i>don't know</i>	-1	↓
<i>refused</i>	-2	

- F3b. **(IF YES)** How many different times in your life did you receive rehabilitation treatment ?

# times	— — —
<i>don't know</i>	-1
<i>refused</i>	-2

- F3d. **(IF TREATED IN PAST 12 MONTHS)** Did you receive residential treatment in the last 12 months?

yes	1	
no	2	(SKIP TO QUESTION F4)
<i>don't know</i>	-1	
<i>refused</i>	-2	

- F3e. How many different times in the last 12 months?

# times	— — —
<i>don't know</i>	-1
<i>refused</i>	-2

- F3f. In the last 12 months, did you receive residential treatment at a facility in Maine?

yes	1
no	2
<i>don't know</i>	-1
<i>refused</i>	-2

- F4. Were you ever in a halfway house or recovery house, where people live in a supervised residence but go unescorted to work, treatment, or other activities during the day? It may also have been a part of a residential program where you went out to work but still lived in the facility for a while.

yes	1	(GO TO F4b)
no	2	(SKIP TO QUESTION F5)
<i>don't know</i>	-1	↓
<i>refused</i>	-2	

- F4b. **(IF YES)** How many times *were you in a halfway house or recovery house?*

# times	— — —
<i>don't know</i>	-1
<i>refused</i>	-2

- F4d. **(IF TREATED IN PAST 12 MONTHS)** Were you in a halfway house or recovery house in the last 12 months?

yes	1	
no	2	(SKIP TO QUESTION F5)
<i>don't know</i>	-1	
<i>refused</i>	-2	

- F4e. **(IF YES)** How many different times in the last 12 months?

# times	— — —
<i>don't know</i>	-1
<i>refused</i>	-2

- F4g. The last time you were in a halfway house, did this follow some other treatment you had received, such as being detoxed or treatment in a residential facility?

yes	1
no	2
<i>don't know</i>	-1
<i>refused</i>	-2

- F5. Now let me ask you about outpatient (or nonresidential) rehabilitation treatment, where you do not live at the treatment facility but go there to talk to an alcohol or drug counselor or meet with a group. Do not include any self-help groups such as AA or NA that you may have attended at a treatment facility; we will talk about these in a minute. A person may also receive medication and other support services as part of the *outpatient* treatment. Outpatient treatment may have followed hospital, residential, or halfway house treatment and may have been called "aftercare."

Have you ever received outpatient treatment?

yes	1	(GO TO F5a1)
no	2	(SKIP TO QUESTION F6)
<i>don't know</i>	-1	↓
<i>refused</i>	-2	

- F5a1. **(IF YES)** How many different times in your life have you received outpatient treatment?

# times	— — —
<i>don't know</i>	-1
<i>refused</i>	-2

- F5a2. **(LIFETIME HEROIN/OPIATE USERS ONLY)** Did you ever receive outpatient methadone maintenance treatment?

yes	1
no	2
<i>don't know</i>	-1
<i>refused</i>	-2

- F5a3. **(IF YES)** How many different times have you been admitted to a methadone maintenance program?

# times	— — —
<i>don't know</i>	-1
<i>refused</i>	-2

F5a4. **(IF TREATED IN PAST 12 MONTHS)** Were you in outpatient treatment at any time during the last 12 months?

yes	1	(GO TO F5a5)
no	2	(SKIP TO QUESTION F5a6 IF HEROIN/OPIATE USER. OTHERWISE, SKIP TO QUESTION F6)
<i>don't know</i>	-1	↓
<i>refused</i>	-2	

F5a5. How many different times *were you in* outpatient treatment during the last 12 months?

# times	— — —
<i>don't know</i>	-1
<i>refused</i>	-2

F5a6. In the last 12 months, did you receive outpatient treatment at a facility in Maine?

yes	1
no	2
don't know	-1
refused	-2

F5a7. **(HEROIN/OPIATE USERS ONLY)** Have you received methadone maintenance in the last 12 months?

yes	1
no	2
<i>don't know</i>	-1
<i>refused</i>	-2

(CAPI USE ONLY)

Is F5a4 = 2 and F5a7 = 1?

<i>no</i>	2	(SKIP TO F5b)
<i>yes</i>	1*	

F5a8. *Earlier, you indicated that you had not received treatment as an outpatient in the last 12 months.

Did you receive methadone maintenance as an outpatient in the last 12 months— that is, where you showed up at the program and received your methadone, but you did not stay the entire day?

yes	1	(GO TO F5a9)
no	2	(SKIP TO F6)
<i>don't know</i>	-1	(SKIP TO F6)
<i>refused</i>	-2	(SKIP TO F6)

F5a9. How many different times were you admitted to outpatient methadone maintenance in the last 12 months?

# times	— — —
<i>don't know</i>	-1
<i>refused</i>	-2

(CONTINUE WITH QUESTION F5b)

F5b. **(IF TREATED IN THE PAST 12 MONTHS)** Now I would like to ask about your last episode of outpatient treatment. During your last episode of outpatient treatment, about how many hours each week did you spend in treatment, on average? On average, did you spend **(READ CHOICES, EXCEPT FOR THOSE IN PARENTHESIS)**

Less than 1 hour per week	1
1-3 hours per week	2
4-6 hours per week	3
More than 6 hours per week	4
<i>(Don't know)</i>	-1
<i>(Refused)</i>	-2

(IF RESPONDENT DID NOT RECEIVE DETOXIFICATION TREATMENT OR RESIDENTIAL TREATMENT IN THE LAST 12 MONTHS, SKIP TO QUESTION F5h.)

F5bi. **(IF DETOXED IN THE LAST 12 MONTHS)** Did you start your last episode of outpatient treatment immediately after you had detoxed?

yes	1
no	2
<i>don't know</i>	-1
<i>refused</i>	-2

F5by. **(IF RECEIVED RESIDENTIAL TREATMENT IN THE LAST 12 MONTHS)** Did you start your last episode of outpatient treatment immediately after or as part of any treatment you received in a residential facility?

yes	1
no	2
<i>don't know</i>	-1
<i>refused</i>	-2

- F6. Did you ever obtain therapy or counseling about the extent of your drinking or drug use or about problems resulting from it with a psychiatrist, psychologist, social worker or counselor outside of a formal drug or alcohol program?

yes	1	(GO TO F6a1)
no	2	(SKIP TO QUESTION F7)
<i>don't know</i>	-1	↓
<i>refused</i>	-2	

- F6a1. **(IF YES)** Have you done so in the last 12 months?

yes	1	(GO TO F6a2)
no	2	(SKIP TO QUESTION F7)
<i>don't know</i>	-1	↓
<i>refused</i>	-2	

- F6a2. *How many different places in the last 12 months did you obtain therapy or counseling outside of a formal drug or alcohol program?*

# places	— — —
<i>don't know</i>	-1
<i>refused</i>	-2

F7. Have you ever attended meetings of any self-help groups, such as Alcoholics Anonymous, Narcotics Anonymous or Cocaine Anonymous, for help with your alcohol or drug use?

yes	1	(GO TO F7a)
no	2	(SKIP TO QUESTION F8)
<i>don't know</i>	-1	↓
<i>refused</i>	-2	

F7a. **(IF YES)** Did you attend any meetings in the last 12 months?

yes	1
no	2
<i>don't know</i>	-1
<i>refused</i>	-2

F8. Did you ever talk about the extent of your drinking or drug use or about problems resulting from it with a teacher, a minister, priest, rabbi, pastoral counselor, or other counselor outside of a formal program?

yes	1	(GO TO F8a)
no	2	(SKIP TO F9x)
<i>don't know</i>	-1	
<i>refused</i>	-2	

F8a. **(IF YES)** Have you done so in the last 12 months?

yes	1
no	2
<i>don't know</i>	-1
<i>refused</i>	-2

F9x. (IF RESPONDENT INDICATED PROBLEMS WITH THE POLICE IN QUESTION C14 OR ALCOHOL-RELATED DRIVING ACCIDENTS IN QUESTION C15, THEN ASK QUESTION F9. OTHERWISE, SKIP TO QUESTION F10.)

F9. Have you ever participated in a drinking-driver program for people arrested for operating a vehicle while under the influence (OUI)?

yes	1	(GO TO F9a)
no	2	(SKIP TO F10x)
<i>don't know</i>	-1	
<i>refused</i>	-2	

F9a. (IF YES) Have you done so in the last 12 months?

yes	1
no	2
<i>don't know</i>	-1
<i>refused</i>	-2

F10x. (IF RESPONDENT SAID THAT S/HE EVER RECEIVED TREATMENT IN F1 BUT SAID "NO," "DON'T KNOW," OR "REFUSED" TO ALL THE TREATMENT MODALITIES DESCRIBED IN QUESTIONS F2-F9, ASK QUESTION F10. OTHERWISE, SKIP TO QUESTION F11.)

F10. What kind of treatment, help or counseling have you received for drug or alcohol use?

(GET A GOOD DESCRIPTION, AND IF IT SOUNDS LIKE ANY OF THE ABOVE CATEGORIES, GO BACK AND PROBE TO FIND OUT IF THE RESPONDENT ACTUALLY USED THAT FORM OF TREATMENT.)

- F11. **(IF RECEIVED TREATMENT IN THE LAST 12 MONTHS)** The following is a list of places where some people receive treatment for their alcohol or drug use. In the last 12 months, have you received treatment **(READ CHOICES)**

	Y	N	DK	Rf
F11a. in a general hospital?	1	2	-1	-2
F11b. in a VA hospital?	1	2	-1	-2
F11c. in a psychiatric hospital?	1	2	-1	-2
F11d. at an alcohol and drug abuse treatment center?	1	2	-1	-2
F11e. through the correctional system?	1	2	-1	-2
F11f. at an area mental health center?		1	2	-1 -2

- F11h. Did you have a choice about where you were able to receive treatment?

yes	1
no	2
<i>don't know</i>	-1
<i>refused</i>	-2

- F11i. Were you happy with the quality of the treatment services you received?

yes	1
no	2
<i>don't know</i>	-1
<i>refused</i>	-2

- F12. **(IF RECEIVED TREATMENT IN THE LAST 12 MONTHS)** Are you still receiving treatment for your alcohol or drug use? Do not include any self-help groups you may be attending.

yes	1	(SKIP TO F13)
no	2	(GO TO F12a)
<i>don't know</i>	-1	(SKIP TO F13)
<i>refused</i>	-2	(SKIP TO F13)

F12a. **(IF NO LONGER IN TREATMENT)** The last time you received treatment, did you successfully complete treatment, or did you leave treatment before you had completed it?

Successfully completed	1
Did not complete	2
<i>Don't know</i>	<i>-1</i>
<i>Refused</i>	<i>-2</i>

F13. Has anyone in your family had a serious problem with alcohol or other drugs? That would include parents, brothers or sisters, children, stepchildren, or a spouse or partner.

Yes	1	(GOTO F13a)
No	2	(SKIP TO F14)
Don't know	-1	
Refused	-2	

F13a. Did that person/those persons want treatment?

Yes	1
No	2
Don't Know	-1
Refused	-2

F13b. Did that person/those persons receive treatment?

Yes	1
No	2
Don't know	-1
Refused	-2

F13c. Have you ever talked to a counselor or member of clergy about problems with another family member's use of alcohol or other drugs?

Yes	1
No	2
Don't know	-1
Refused	-2

F13d. Have you ever attended a meeting of a self-help group, such as Al-Anon, or Nar-Anon, for help with another family member's use of alcohol or other drugs?

Yes	1
No	2
Don't know	-1
Refused	-2

F14. To the best of your knowledge, have any of your close friends or co-workers had a serious problem with alcohol or other drugs?

Yes	1
No	2
Don't know	-1
Refused	-2

ROUTING INSTRUCTIONS FOLLOWING F14:

- a) IF RESPONDENT HAS NEVER USED ALCOHOL OR OTHER DRUGS ASKED ABOUT IN HIS/HER LIFETIME, **SKIP TO MODULE I.**
- b) IF RESPONDENT INDICATED IN F1b, F6a1, F7a, F8a, or F9a THAT HE/SHE HAS RECEIVED ALCOHOL OR OTHER DRUG TREATMENT IN THE PAST 12 MONTHS, **GO TO MODULE G.**
- c) IF RESPONDENT MET SCREENING CRITERIA IN MODULES C OR D BUT DID NOT RECEIVE TREATMENT IN THE PAST 12 MONTHS (OR ANSWERED "DON'T KNOW" OR "REFUSED" TO F1 OR F1b), **SKIP TO MODULE H.**
- d) IF NONE OF THE ABOVE CRITERIA ARE MET, **SKIP TO MODULE I.**

G. Unmet Demand for Additional Treatment or Services

(IF RESPONDENT REPORTED ANY TREATMENT IN THE LAST 12 MONTHS IN ITEMS F2 THROUGH F9, ASK FOLLOWING QUESTIONS. IF RESPONDENT DID NOT REPORT ANY TREATMENT IN LAST 12 MONTHS, GO TO MODULE H, UNMET DEMAND FOR TREATMENT:)

- G1. In the past 12 months, were there any other types of help, treatment or services that you would have sought if they had been readily available? This includes detoxification, residential rehabilitation, a halfway house, outpatient treatment, self-help, counseling outside of a formal program, and other social services you may have required as a result of alcohol or drug use.

yes	1	
no	2	(SKIP TO MODULE I)
don't know	-1	
refused	-2	

- G1a. **(IF YES)** Which of the following *types of help* would you have sought? **(READ CHOICES; ENTER "1" FOR ALL THOSE ANSWERED "YES" AND "2" FOR THOSE ANSWERED "NO")**

	<u>Y</u>	<u>N</u>	<u>Dk</u>	<u>Rf</u>
Detox?	1	2	-1	-2
G2a. Residential or inpatient rehabilitation?	1	2	-1	-2
G3a. Halfway house?	1	2	-1	-2
G4a. Outpatient rehabilitation?	1	2	-1	-2
G5a. Self-help group?	1	2	-1	-2
G6a. Treatment outside a formal program?	1	2	-1	-2
G7a. Other types of services such as child care, family counseling, food stamps, and so on?	1	2	-1	-2

- G1b through G7b. **(IF SUBJECT MENTIONS ANY TREATMENT ALREADY RECEIVED IN THE PAST 12 MONTHS, CONFIRM:)** You mean you would have sought more than you received during the last 12 months? **(FOR EACH "YES", ENTER "1" AND CONTINUE.)**

(FOR EACH CHECKED AND CONFIRMED, AND EACH "DON'T KNOW," EXCEPT HALFWAY HOUSE, SELF-HELP GROUP, AND TREATMENT OUTSIDE A FORMAL PROGRAM ASK THE FOLLOWING QUESTIONS FOR ALL TREATMENT MODALITIES THAT APPLY:)

Detox

What kind of additional detox services did you want? **(READ CHOICES; ENTER "1" FOR ALL THOSE ANSWERED "YES" AND "2" FOR ALL ANSWERED "NO")**

	<u>Y</u>	<u>N</u>	<u>Dk</u>	<u>Rf</u>
G1c. Detox in a hospital?	1	2	-1	-2
G1d. Detox in a residential facility?	1	2	-1	-2
G1e. An outpatient detox?	1	2	-1	-2
G1f. (HEROIN/OPIATE USERS ONLY:) Did you want an outpatient methadone detox?	1	2	-1	-2

Residential/Hospital Rehabilitation

Which type of additional residential rehabilitation did you want? **(READ CHOICES; ENTER "1" FOR ALL THOSE ANSWERED "YES" AND "2" FOR ALL ANSWERED "NO")**

	<u>Y</u>	<u>N</u>	<u>Dk</u>	<u>Rf</u>
G2c. Rehab in a hospital?	1	2	-1	-2
G2d. A residential rehab that lasted more than 32 days?	1	2	-1	-2
G2e. A residential rehab that lasted up to 32 days?	1	2	-1	-2

Outpatient Rehabilitation

Which type of additional outpatient rehabilitation did you want? **(READ CHOICES; ENTER "1" FOR ALL THOSE ANSWERED "YES" AND "2" FOR ALL ANSWERED "NO")**

	<u>Y</u>	<u>N</u>	<u>Dk</u>	<u>Rf</u>
G4c. An intensive outpatient program that lasted two or more hours per day for three or more days a week?	1	2	-1	-2
G4d. An outpatient counseling program that lasted less than 2 hours or once or twice a week?	1	2	-1	-2
G4f. (HEROIN/OPIATE USERS ONLY:) A methadone maintenance program?	1	2	-1	-2

Other Services

Which type of additional services did you want as part of your alcohol or drug related treatment? (**READ CHOICES; ENTER "1" FOR ALL THOSE ANSWERED "YES" AND "2" FOR ALL ANSWERED "NO"**)

	<u>Y</u>	<u>N</u>	<u>Dk</u>	<u>Rf</u>
G7c. Medical care?	1	2	-1	-2
G7d. Mental health care?	1	2	-1	-2
G7e. Employment counseling?	1	2	-1	-2
G7f. Child care?	1	2	-1	-2
G7g. Family counseling?	1	2	-1	-2
G7h. Assistance in obtaining housing, food stamps, legal help, etc.?	1	2	-1	-2

IF RESPONDENT REPORTED INJECTION DRUG USE IN THE PAST 12 MONTHS IN QUESTION D8, ASK QUESTION G7aa. OTHERWISE, SKIP TO QUESTION G8.

G7aa. In the last 12 months, would you have used a needle exchange program if it were available?

Yes	1
No	2
(DK what needle exchange program is)	3
<i>Don't know</i>	-1
<i>Refused</i>	-2

- G8a. I'm going to read a list of reasons some people give for not obtaining treatment for drug or alcohol problems. I'll read the list, and you tell me if it was a reason you didn't get additional treatment even though you wanted it. Answer "yes" or "no." **(READ CHOICES; ENTER "1" FOR ALL THOSE ANSWERED "YES" AND "2" FOR THOSE ANSWERED "NO")**

You were not able to obtain more help because:

	<u>Y</u>	<u>N</u>	<u>Dk</u>	<u>Rf</u>
The treatment facilities, program or provider were not accessible by public transportation and you lacked personal transportation.	1	2	-1	-2
G8b. The nearest facilities were too far away.	1	2	-1	-2
G8c. The treatment facility only had hours when you had to work.	1	2	-1	-2
G8d. The treatment facilities or programs were full.	1	2	-1	-2
G8e. You couldn't get the type of treatment you wanted.	1	2	-1	-2
G8f. You were on the waiting list, but by the time they called you had changed your mind.	1	2	-1	-2
G8g. You didn't have insurance or any way to pay for more treatment.	1	2	-1	-2
G8h. You were afraid your confidentiality wouldn't be protected in another treatment program	1	2	-1	-2
G8i. You have a physical handicap or disability so the facility was not accessible to you.	1	2	-1	-2
G8j. The facility or program put you through too much red tape or hassle.	1	2	-1	-2
G8k. The facility or program didn't have counselors from your ethnic group or who spoke your language.	1	2	-1	-2
G8l. (IF FEMALE) The facility or program was not sensitive to the special needs of women.	1	2	-1	-2

G8m.	You did not feel that the counselors were qualified.	1	1	-1	-2
G8n.	You just never go around to it.	1	1	-1	-2
G8o.	You were afraid of losing your benefits.	1	1	-1	-2
G8p.	You were afraid of losing your child(ren).	1	1	-1	-2
G8q.	It would have upset my partner.	1	1	-1	-2
G8r.	It would have upset my parents.	1	1	-1	-2
G8s.	The facility or program did not have the special services you needed, such as medical or mental health care, housing, employment counseling, child care, etc.	1	2	-1	-2

G8t. **(IF YES TO "s" ABOVE)** I'll read a list of services and you tell me which services you needed. **(READ CHOICES; CHECK "1" FOR ALL THOSE ANSWERED "YES" AND "2" FOR THOSE ANSWERED "NO")**

	<u>Y</u>	<u>N</u>	<u>Dk</u>	<u>Rf</u>
G8u. Medical care	1	2	-1	-2
G8v. Mental health care	1	2	-1	-2
G8w. Employment counseling	1	2	-1	-2
G8x. Child care	1	2	-1	-2
G8y. Family counseling	1	2	-1	-2
G8z. Assistance in obtaining housing, food stamps, legal help, etc.	1	2	-1	-2

G8zz. Other (specify:) _____
(G8ps)

G9. *Did you have any health problems* in the past 12 months that would have made detoxification medically dangerous?

yes	1
no	2
not sure	-1
<i>refused</i>	-2

G10. *Did you have any psychological or emotional problems* in the past 12 months that would have kept you from starting or finishing treatment?

yes	1
no	2
not sure	-1
<i>refused</i>	-2

H. Unmet Demand for Treatment

(IF MET SCREENING CRITERIA FOR ALCOHOL OR OTHER DRUGS IN MODULES C AND/OR D, BUT DID NOT REPORT ANY TREATMENT IN THE LAST 12 MONTHS IN ITEMS F1 OR F1b OR ANSWERED "DON'T KNOW" OR "REFUSED" IN QUESTION F1 OR F1b, ASK FOLLOWING QUESTIONS. IF MET SCREENING CRITERIA FOR ONLY ONE SUBSTANCE, ALTER QUESTIONS TO ASK ONLY ABOUT IT.)

H1. At any time during the last 12 months, did you feel you needed treatment for drug or alcohol use? That could include help with withdrawal sickness or medical problems associated with withdrawal; treatment in a residential facility, where a person lives away from home in a hospital or residential center; treatment as an outpatient; self-help groups such as Alcoholics Anonymous; or counseling outside of a formal program.

yes	1	(GO TO H2)
no	2	(SKIP TO MODULE I)
* <i>don't know</i>	-1	(ASK QUESTION H2)
* <i>refused</i>	-2	(ASK QUESTION H2)

H2. Would you have sought treatment for drug or alcohol use at any time during the last 12 months if it had been readily available?

yes	1	
no	2	(SKIP TO QUESTION H9)
* <i>don't know</i>	-1	(ASK QUESTION H3)
<i>refused</i>	-2	

- H3. **(IF YES)** Did you take any steps to obtain treatment, such as asking friends what's available, talking to an Employee Assistance Program (EAP) counselor, calling a hotline or a detox or other treatment center, getting a referral, or visiting a treatment facility in the last 12 months?

yes	1	(GO TO H3i1)
no	2	(SKIP TO QUESTION H4)
<i>don't know</i>	-1	↓
<i>refused</i>	-2	

(IF YES) Did you **(READ CHOICES; ENTER "1" FOR ALL THOSE ANSWERED YES AND "2" FOR THOSE ANSWERED NO)**

	<u>Y</u>	<u>N</u>	<u>Dk</u>	<u>Rf</u>
H3i1. Ask friends about what's available?	1	2	-1	-2
H3i2. Talk to an EAP counselor?	1	2	-1	-2
H3i3. Get a referral?	1	2	-1	-2
H3i4. Call a detox or other program?	1	2	-1	-2
H3i5. Visit a treatment facility?	1	2	-1	-2
H3i6. Something else?				
H36s (Specify:_____)	1	2	-1	-2

H4. I'm going to ask you about several types of treatment you might have sought last year if they were available. For each, tell me "yes" or "no" if you considered it.

H4a. *In the last 12 months, would you have wanted detoxification treatment to help you get over withdrawal sickness or medical problems associated with withdrawal from alcohol or other drugs?*

yes	1	(SKIP TO QUESTION H4b)
no	2	
<i>don't know</i>	-1	
<i>refused</i>	-2	

H4i. **(IF YES)** Would you have wanted to be detoxified **(READ CHOICES; ENTER "1" FOR ALL THOSE ANSWERED YES AND "2" FOR ALL ANSWERED NO)**

	<u>Y</u>	<u>N</u>	<u>Dk</u>	<u>Rf</u>
H4i1. In a hospital?	1	2	-1	-2
H4i2. In a residential (non-hospital) facility?	1	2	-1	-2
H4i3. As an outpatient?	1	2	-1	-2
H4i4. (HEROIN/OPIATE USERS ONLY:) Would you have wanted <i>methadone to get over the effects of withdrawal?</i>	1	2	-1	-2

H4b. In the last 12 months, would you have *wanted to enter* a residential rehabilitation facility, *where a person lives away from home for a certain number of days in a hospital or residential center while receiving treatment*?

yes	1	
no	2	(SKIP TO QUESTION H4c)
<i>don't know</i>	-1	
<i>refused</i>	-2	

(IF YES) Would you have wanted the rehabilitation services (READ CHOICES; ENTER "1" FOR ALL THOSE ANSWERED YES AND "2" FOR ALL ANSWERED NO)

	<u>Y</u>	<u>N</u>	<u>Dk</u>	<u>Rf</u>
H4b1. In an alcohol or drug rehabilitation unit in a psychiatric or general hospital?	1	2	-1	-2
H4b2. In a residential program that lasted more than 30 days?	1	2	-1	-2
H4b3. In a residential program that lasted up to 30 days?	1	2	-1	-2

H4c. *In the last 12 months, would you have wanted to enter a halfway house, where people live in a supervised residence but go unescorted to work or other activities?*

yes	1
no	2
<i>don't know</i>	-1
<i>refused</i>	-2

H4d. *In the last 12 months, would you have wanted to enter treatment as an outpatient, where people do not live at the treatment facility but go there to talk to an alcohol or drug counselor or meet with a group?*

yes	1	
no	2	(SKIP TO QUESTION H4e)
<i>don't know</i>	-1	
<i>refused</i>	-2	

(IF YES) Would you have entered (READ CHOICES; ENTER "1" FOR ALL THOSE ANSWERED YES AND "2" FOR ALL ANSWERED NO)

	<u>Y</u>	<u>N</u>	<u>Dk</u>	<u>Rf</u>
H4d1. (HEROIN/OPIATE USERS ONLY:) A methadone maintenance program?	1	2	-1	-2
H4d2. A day-long outpatient program?	1	2	-1	-2
H4d3. An intensive outpatient program (2 or more hours per day for 3 or more days per week)?	1	2	-1	-2
H4d4. An outpatient counseling program (less than 2 hours, or once or twice a week)?	1	2	-1	-2

H4e. *In the last 12 months, would you have wanted to attend meetings of any self-help group such as Alcoholics Anonymous, Al-Anon, Narcotics Anonymous or Cocaine Anonymous?*

yes	1
no	2
<i>don't know</i>	-1
<i>refused</i>	-2

H4f. *In the last 12 months, would you have wanted to obtain substance abuse treatment or counseling from a psychiatrist, psychologist, social worker or counselor outside of a formal program?*

yes	1
no	2
<i>don't know</i>	-1
<i>refused</i>	-2

H4h. *In the last 12 months, would you have wanted to obtain substance abuse treatment or counseling from a minister, priest, rabbi, or pastoral counselor outside of a formal treatment program?*

yes	1
no	2
<i>don't know</i>	-1
<i>refused</i>	-2

IF RESPONDENT REPORTED INJECTION DRUG USE IN THE PAST 12 MONTHS IN QUESTION D8, ASK QUESTION H4j. OTHERWISE, SKIP TO QUESTION H5.

H4j. *In the last 12 months, would you have used a needle exchange program if it were available?*

(Yes)	1
(No)	2
(DK what needle exchange program is)	3
(Don't know)	-1
(Refused)	-2

- H5. I'm going to read a list of reasons some people give for not obtaining treatment for drug or alcohol problems. I'll read the list, and you tell me if it was a reason you didn't get treatment. Answer "yes" or "no."

You were not able to obtain help because:

	<u>Y</u>	<u>N</u>	<u>Dk</u>	<u>Rf</u>
H5a. The treatment facilities, program or provider were not accessible by public transportation and you lacked personal transportation.	1	2	-1	-2
H5b. The nearest facilities were too far away.	1	2	-1	-2
H5c. The treatment facility only had hours when you had to work.	1	2	-1	-2
H5d. The treatment facilities or programs were full.	1	2	-1	-2
H5e. You couldn't get the type of treatment you wanted.	1	2	-1	-2
H5f. You were on the waiting list, but by the time they called you had changed your mind.	1	2	-1	-2
H5g. You didn't have insurance or any way to pay for treatment.	1	2	-1	-2
H5h. You were afraid your confidentiality wouldn't be protected in a treatment program	1	2	-1	-2
H5i. You have a physical handicap or disability so the facility was not accessible to you.	1	2	-1	-2
H5j. The facility or program put you through too much red tape or hassle.	1	2	-1	-2
H5k. The programs wouldn't take you because you had too many treatment failures	1	2	-1	-2
H5l. The programs wouldn't take you because you were diagnosed with HIV (the virus that causes AIDS), or you had a mental illness	1	2	-1	-2
H5m. The programs wouldn't take you because you had a problem with more than one drug	1	2	-1	-2

H5n.	You did not feel that the counselors were qualified	1	2	-1	-2
H5o.	The facility or program didn't have counselors from your ethnic group or who spoke your language.	1	2	-1	-2
H5p.	(IF FEMALE) The facility or program was not sensitive to the special needs of women.	1	2	-1	-2
H5q.	The programs wouldn't take you for some other reason	1	2	-1	-2
H5ql.	(Specify:) _____				
H5r.	The facility or program did not have the special services you needed, such as medical or mental health care, housing, employment counseling, child care, etc.	1	2	-1	-2

(IF YES TO "r" ABOVE) I'll read a list of services and you tell me which services you needed. **(READ CHOICES; ENTER "1" FOR ALL THOSE ANSWERED "YES" AND "2" FOR ALL ANSWERED "NO")**

	<u>Y</u>	<u>N</u>	<u>Dk</u>	<u>Rf</u>
H5r1. Medical care	1	2	-1	-2
H5r2. Mental health care	1	2	-1	-2
H5r3. Employment counseling	1	2	-1	-2
H5r4. Child care	1	2	-1	-2
H5r5. Family counseling	1	2	-1	-2
H5r6. Assistance in obtaining housing, food stamps, legal help, etc.	1	2	-1	-2
H5r7. Other (specify:) (H5ls)				
H5s. You just never got around to it.	1	1	-1	-2
H5t. You were afraid of losing your benefits.	1	1	-1	-2
H5u. You were afraid of losing your child(ren).	1	1	-1	-2
H5v. It would have upset your partner.	1	1	-1	-2
H5w. It would have upset your parents.	1	1	-1	-2

H6. *Did you have any health problems* in the past 12 months that would have made detoxification medically dangerous?

yes	1
no	2
<i>don't know</i>	-1
<i>refused</i>	-2

H7. *Did you have any psychological or emotional problems* in the past 12 months that would have kept you from starting or finishing treatment?

yes	1
no	2
<i>don't know</i>	-1
<i>refused</i>	-2

H8. I'm going to read some problems that people often have when they enter alcohol or drug treatment. I'll read a problem, and you tell me whether or not it would have applied to you if you had entered treatment during the last 12 months. Please answer "yes" or "no." **(READ CHOICES)**

During the last 12 months:

	Y	N	Dk	Rf
H8a. People I lived with often used alcohol at home.	1	2	-1	-2
H8b. People I lived with often used drugs at home.	1	2	-1	-2
H8c. People I worked with often used alcohol when I was with them.	1	2	-1	-2
H8d. People I worked with often used drugs when I was with them.	1	2	-1	-2
H8e. People I lived with were emotionally, physically or sexually abusive.	1	2	-1	-2
H8f. <i>I was afraid that my friends or family would find out that I had a problem with alcohol or drugs</i>	1	2	-1	-2
H8g. <i>I was afraid that my boss or the people I work with would find out that I had a problem with alcohol or drugs</i>	1	2	-1	-2
H8h. People I lived or worked with would not have been supportive of my treatment.	1	2	-1	-2

- H9. **(IF NO TO QUESTION H2)** I'm going to read a list of reasons some people give for why they have not sought help or treatment for drug or alcohol use. I'll read the reason, and you tell me if it was a reason you didn't try to get help during the last 12 months. Answer "yes" or "no." **(READ CHOICES; ENTER "1" FOR ALL THOSE ANSWERED "YES" AND "2" FOR THOSE ANSWERED "NO")**

You did not try to get help because:

	<u>Y</u>	<u>N</u>	<u>Dk</u>	<u>Rf</u>
H9a. The treatment facilities, program or provider were not accessible by public transportation and you lacked personal transportation.	1	2	-1	-2
H9b. The nearest facilities were too far away.	1	2	-1	-2
H9c. The treatment facilities only had hours when you had to work.	1	2	-1	-2
H9d. The treatment facilities or programs were always full.	1	2	-1	-2
H9e. You didn't have insurance or any way to pay for treatment.	1	2	-1	-2
H9f. You were afraid your confidentiality wouldn't be protected in a treatment program	1	2	-1	-2
H9g. You have a physical handicap or disability so that no nearby facility was accessible to you.	1	2	-1	-2
H9h. You didn't know where to go or whom to call.	1	2	-1	-2
H9i. Programs or facilities put you through too much red tape or hassle.	1	2	-1	-2
H9j. The programs wouldn't take you because you had too many treatment failures	1	2	-1	-2
H9k. The programs wouldn't take you because you were diagnosed with HIV (the virus that causes AIDS), or you had a mental illness	1	2	-1	-2

I. Treatment Willingness

The next set of questions deal with your willingness to get an evaluation or treatment for alcohol and drug use if you, a physician, or health professional thought you may need an evaluation or treatment. We would like to learn more about why TANF clients do not get help or treatment for alcohol or drug use. We would also like to find out how much TANF recipients know about treatment. In order to gather this information, it is very important that everyone answer the following questions, even if you do not need an evaluation or treatment or you do not have an alcohol or drug use problem.

- I1. If you, a doctor, physician, or health professional thought that you may have an alcohol or drug use problem, would you be willing to get an evaluation for an alcohol or drug use problem?

Yes	1
No	2
DK	-1
RE	-2

- I2. If you, a doctor, physician, or health professional thought that you needed treatment for alcohol or drug use, would you be willing to get treatment?

Yes	1
No	2
DK	-1
RE	-2

- I3. There are many reasons why people are or are not willing to get treatment for alcohol and drug use. I will read you a list of possible reasons. For each reason, please indicate if that reason has or would keep you from being willing to get treatment for alcohol or drug use. CODE ALL THAT APPLY

	<u>Y</u>	<u>N</u>	<u>DK</u>	<u>RF</u>
Afraid I could or would lose my job	1	2	-1	-2
I couldn't or wouldn't be able to pay my household bills	1	2	-1	-2
Afraid my children could or would be taken away from me	1	2	-1	-2
I didn't/wouldn't have anyone to care for my child(ren)	1	2	-1	-2
I didn't/wouldn't have transportation to and from treatment	1	2	-1	-2
I was/would be afraid of what others (family, friends) would think	1	2	-1	-2
Substance use doesn't hurt those around me	1	2	-1	-2
I don't need help to quit/I could quit on my own	1	2	-1	-2
My family was/would be against me getting treatment	1	2	-1	-2
My partner (spouse, boyfriend, significant other) wouldn't let me get treatment or would be angry if I attended treatment	1	2	-1	-2
I had/have too many responsibilities	1	2	-1	-2
I didn't/don't have insurance that covers/pays for treatment	1	2	-1	-2
I just never got around to it/I would not get around to it	1	2	-1	-2
I don't have an alcohol or drug use problem	1	2	-1	-2
I couldn't/can't afford treatment	1	2	-1	-2
Other (specify) _____	1	2	-1	-2

IF I3=15 THEN GOTO I4, ELSE GOTO J1.

I4. Why can't/couldn't you afford treatment? CODE ALL THAT APPLY

	Y	N	DK	RF
My insurance does not pay for treatment	1	2	-1	-2
There are no free or almost free State programs that I can go to for treatment	1	2	-1	-2
Treatment is too expensive	1	2	-1	-2
Treatment programs want you to pay for treatment immediately/won't let you make payments	1	2	-1	-2
I had/have too many bills to pay	1	2	-1	-2
I can't/couldn't afford child care to attend treatment 1	2	-1	-2	
I can't/couldn't afford transportation to attend treatment	1	2	-1	-2
I wasn't able to work/wouldn't be able to work during treatment	1	2	-1	-2
Other (specify) _____	1	2	-1	-2

J. Tobacco Use

Now I'm going to ask you about your experience using tobacco products.

- J1. Do you regularly use a tobacco product, such as cigarettes, cigars, cigarillos, snuff, or chewing tobacco?

Yes 1
 No 2 **(SKIP TO J3a)**
 DK -1 **(SKIP TO J3a)**
 RE -2 **(SKIP TO J3a)**

- J2. How old were you the first time you started using a tobacco product?

AGE _____

DK -1
 RE -2

- J3a. During the past 30 days, did you smoke cigarettes, cigars, or cigarillos?

Yes 1
 No 2 **(SKIP TO J4a)**
 DK -1 **(SKIP TO J4a)**
 RE -2 **(SKIP TO J4a)**

- J3b. How many cigarettes, cigars, or cigarillos did you usually smoke each day?

At least a puff or two but less than 1 cigarette, cigar, or cigarillo each day	1
At least 1 but not more than 5 cigarettes, cigars, or cigarillos each day	2
At least 6 but not more than 15 cigarettes, cigars, or cigarillos (about ½ pack) each day	3
At least 16 but not more than 25 cigarettes, cigars, or cigarillos (about 1 pack) each day	4
At least 26 but not more than 35 cigarettes, cigars, or cigarillos (about 1 ½ packs) each day	5
More than 35 cigarettes, cigars, or cigarillos (about 2 packs) each day	6
DK	-1
RE	-2

J4a. During the past 30 days, did you use snuff or chewing tobacco?

Yes 1
No 2 **(SKIP TO J5)**
DK -1 **(SKIP TO J5)**
RE -2 **(SKIP TO J5)**

J4b. How much chewing tobacco did you usually use?

Less than 1 can or pouch per week	1
1 or 2 cans or pouches per week	2
3 or 4 cans or pouches per week	3
4 or 5 cans or pouches per week	4
6 or 7 cans or pouches per week	5
8 or more cans or pouches per week	6
DK	-1
RE	-2

IF J1=1 OR J4A=1 THEN ASK J5 THROUGH J6B. OTHERWISE SKIP TO MODULE K.

J5. Have you ever tried to quit smoking or using snuff or chewing tobacco?

Yes 1
No 2
DK -1
RE -2

J6a. Would you like to quit smoking or using snuff or chewing tobacco?

Yes 1
No 2
DK -1
RE -2

J6b. What would help you quit smoking or using snuff or chewing tobacco?

Specify: _____

DK -1
RE -2

K. Employment History and Driving Experience

This final set of questions ask you about your employment history and driving experience.

K1a. Which of the following describes your employment situation? Are you...

Employed full-time?	1
Employed, but on maternity leave or on leave for some other reason?	2
Employed part-time?	3
Unemployed?	4
DK	-1
RE	-2

K1b. Are you currently volunteering in any type of work situation?

Yes	1
No	2
DK	-1
RE	-2

K2a. Are you currently enrolled in any kind of job training program?

Yes	1	
No	2	(SKIP TO K3)
DK	-1	(SKIP TO K3)
RE	-2	(SKIP TO K3)

K2b. What kind of training are you enrolled in?

GED or high school diploma program	1
Vocational/technical certification program	2
Vocational/technical program (non-certification)	3
Associate or Bachelor degree program	4
Occupational training specific to current job	5
Work Readiness program	6
Other (specify) _____	7
DK	-1
RE	-2

K3. How many different jobs have you had in the past 12 months?

NUMBER _____

DK -1

RE -2

K4. Please tell me whether you think it is very likely, somewhat likely, or not at all likely that at this time next year you would be looking for a job on your own, without assistance from State/community welfare-to-work programs?

Very likely 1

Somewhat likely 2

Not at all likely 3

DK -1

RE -2

K5. Please tell me whether you think it is very likely, somewhat likely, or not at all likely that at this time next year you would stop receiving AFDC/TANF?

Very likely 1

Somewhat likely 2

Not at all likely 3

DK -1

RE -2

K6. Please tell me whether you think it is very likely, somewhat likely, or not at all likely that at this time next year you would be staying at home and receiving AFDC/TANF without working or participating in any training or employment activities?

Very likely 1

Somewhat likely 2

Not at all likely 3

DK -1

RE -2

- K7. So that we can be sure we're getting the most complete information available, I'd like you to estimate your family's total income for the last month before taxes were taken out. Include wages, social security, AFDC/TANF and any other income. What was your estimated total income last month. As with all of the interview, this information will be strictly confidential.

TOTAL MONTHLY INCOME _____

DK -1

RE -2

- K8. What are the sources of your family's income? CODE ALL THAT APPLY

	<u>Y</u>	<u>N</u>	<u>DK</u>	<u>RF</u>
AFDC/TANF	1	2	-1	-2
Child support	1	2	-1	-2
Social security payments	1	2	-1	-2
Supplemental security income (SSI)	1	2	-1	-2
Disability (SSDI)	1	2	-1	-2
Assistance from city or town where you live	1	2	-1	-2
Employment/job	1	2	-1	-2

- K8a. Do you receive any of the following? CODE ALL THAT APPLY

	<u>Y</u>	<u>N</u>	<u>DK</u>	<u>RF</u>
Food stamps	1	2	-1	-2
Housing assistance	1	2	-1	-2
Heating assistance (HEAP)	1	2	-1	-2

- K9. Do you have a valid driver's license?

Yes 1

No 2 **(SKIP TO K11)**

DK -1 **(SKIP TO K11)**

RE -2 **(SKIP TO K11)**

- K10a. Has your driver's license ever been suspended?

Yes 1

No 2 **(SKIP TO K11)**

DK -1 **(SKIP TO K11)**

RE -2 **(SKIP TO K11)**

K10b. Why was your driver's license suspended? CODE ALL THAT APPLY

	<u>Y</u>	<u>N</u>	<u>DK</u>	<u>RF</u>
Operated a vehicle under the influence (OUI)	1	2	-1	-2
Had too many speeding penalties	1	2	-1	-2
Other vehicular offense	1	2	-1	-2
Physical or health reasons	1	2	-1	-2
Failed driving test	1	2	-1	-2
Other (specify) _____	1	2	-1	-2

K11a. Do you have a vehicle (car, truck, or van) available for use?

Yes 1
 No 2
 DK -1
 RE -2

K11b. How long have you been without a vehicle available for use?

Less than 1 week 1
 1 to 3 weeks 2
 1 month 3
 2 to 5 months 4
 6 to 12 months 5
 More than 1 year 6
 Never had a vehicle available for use 7
 DK -1
 RE -2

K11c. Is there public transportation available for you to use, such as city or county buses, trains, or van pools?

Yes 1
 No 2
 DK -1
 RE -2

K12a. Have you been arrested for operating a vehicle under the influence (OUI) in the last 12 months?

Yes	1	
No	2	(SKIP TO K13)
DK	-1	(SKIP TO K13)
RE	-2	(SKIP TO K13)

K12b. How many times?

NUMBER _____

DK	-1
RE	-2

K13. Have you ever participated in the Driver Education Evaluation Program (DEEP)?

Yes	1
No	2
DK	-1
RE	-2

Appendix B

Lead Letters



STATE OF MAINE
DEPARTMENT OF HUMAN SERVICES
11 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0011

ANGUS S. KING, JR.
GOVERNOR

KEVIN W. CONCANNON
COMMISSIONER

May 22, 2000

Dear TANF Recipient:

You have been selected to participate in a study of Temporary Aid to Needy Families (TANF) recipients. The Maine Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS) is conducting this study to learn more about recipients' health behaviors, including substance use, as well as their treatment history, and any barriers to treatment and employment they encounter. Your name was chosen at random and your participation is very important to us.

An interviewer from the Research Triangle Institute will contact you about participating. Your interview will last approximately 45 minutes and you will be given \$10 in appreciation for your time. The answers and information you provide will be kept **totally confidential**. Your name will not be associated with the information you provide. You may refuse to answer any question or stop the interview at any time. Your TANF benefits will not be affected if you participate or choose not to participate. **Your TANF benefits will not be stopped because of any answers you give.**

The Department of Human Services (DHS) is providing DMHMRSAS with your name, address, county, telephone number, date of birth, and date of enrollment in TANF so they can contact you for the interview. However, if you do not want to be contacted, sign the enclosed postcard and return it by June 15, 2000. You do not need a stamp. If you return this postcard, you will not be contacted to participate in this study.

If you have any questions about this survey, please call Lynn Warner at 1-800-499-0027. This is a free call.

Sincerely,

Kevin W. Concannon
Commissioner
Department of Human Services



ELCON RECYCLED PAPER

June 22, 2000

Dear TANF Recipient:

You have been selected to take part in a study of TANF recipients. The Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS), Office of Substance Abuse (OSA), is conducting this study to learn more about recipients' health behaviors including substance use, and to learn if there is a need for treatment services. We are interested in the barriers TANF recipients face in trying to return to work.

Your name was chosen at random and **participation in the study will not affect your TANF benefits**. You will be given \$10.00 for taking part in the survey as your answers are very important to us. The information you give will help us learn more about the needs of TANF recipients and help us plan better programs to meet your needs in the future. Again, your benefits will not be affected.

OSA has chosen the Research Triangle Institute (RTI) from North Carolina to conduct this study because their staff have a great deal of experience conducting studies of this kind, including some in Maine. An interviewer from RTI will contact you to schedule your interview. The interview will last about 45 minutes and the answers you give will be kept confidential. No one but the researchers at RTI will see your answers and your name will not be connected with the information you provide. You may refuse to answer any question or stop the interview at any time. You will be one of 450 people in Cumberland, Knox, Lincoln, Penobscot, and Waldo Counties taking part in this survey, and only group results will be reported in the study. After your interview, all information linking you to the study will be destroyed.

The results of this research will help us learn about problems TANF recipients may have trying to get treatment services or trying to find employment. Thank you for taking part in this very important study. If you have any questions about this survey, please call 1-800-499-0027 and ask for Lynn Warner. The call is free. Our TTY number (toll-free in Maine) is 1-800-215-7604, special equipment is needed.

Sincerely,

Joanne Ogden
DMHMRSAS
Maine Office of Substance Abuse

Appendix C

Criteria Used to Determine Need for Treatment or Intervention

C. Criteria Used to Determine Need for Treatment or Intervention

Defining Alcohol and Illicit Drug Use Problems

By definition, anyone who received treatment in the past 12 months for abuse of alcohol or other drugs should probably be considered in need of treatment. However, this measure of need would miss people who did not receive treatment, but whose pattern of substance use or related problems would strongly suggest that treatment is warranted for them. Consequently, relying solely on information about actual use of treatment services would certainly underestimate the size of the Maine population in need of treatment.

Symptoms of Dependence and Abuse

Regardless of whether people actually received treatment, one group of people in Maine who would clearly be in need of substance abuse treatment services would be people who continue to use a given drug (e.g., alcohol, marijuana), even though that drug is causing them serious health problems or serious problems in their social functioning (e.g., relationship problems, problems at work or school). Few people would question the need to offer substance abuse treatment services or other help to someone who was unable to stop using a drug on his or her own despite the amount and seriousness of the problems that use of this drug was causing.

The American Psychiatric Association (APA) has established criteria for psychoactive substance dependence or abuse that have been widely used as a standard for identifying people with serious problems. These criteria have been updated periodically and published in diagnostic manuals, such as the Diagnostic and Statistical Manual of Mental Disorders, 3rd Edition Revised (DSM-III-R) (APA, 1987), and the more recent fourth edition of this manual (DSM-IV) (APA, 1994). The 1997 Maine household telephone survey questionnaire and the 2000 TANF survey both measured symptoms of dependence or abuse based on the DSM-III-R (1987) criteria.

For a person to meet lifetime DSM-III-R (1987) diagnostic criteria for psychoactive substance dependence, three or more of the following symptoms need to have occurred in a person's lifetime:

1. use of a substance in larger amounts or over a longer period than intended;
2. persistent desire or one or more unsuccessful efforts to cut down or control substance use;
3. great deal of time spent getting the substance, taking the substance, or recovering from its effects;
4. frequent intoxication or withdrawal symptoms when expected to fulfill major role obligations, or when substance use is physically hazardous (e.g., operating under the influence [OUI]);

5. avoidance of important activities because of substance use;
6. continued substance use despite knowledge of persistent or recurrent problems caused or exacerbated by substance use;
7. marked tolerance (i.e., need for larger amounts of the substance to produce the desired effect);
8. characteristic withdrawal symptoms; and
9. use of the substance to relieve or avoid withdrawal symptoms.

Some of the symptoms need to have persisted for at least 1 month or to have occurred repeatedly for an extended period of time.

The DSM-III-R (1987) category of psychoactive substance abuse is a residual category for people who have never met the criteria for a diagnosis of dependence. Among people who have never met dependence criteria, a pattern of substance abuse is characterized by

1. continued substance use despite knowledge of persistent or recurrent problems caused or exacerbated by substance use, or
2. recurrent use in hazardous situations (e.g., OUI).

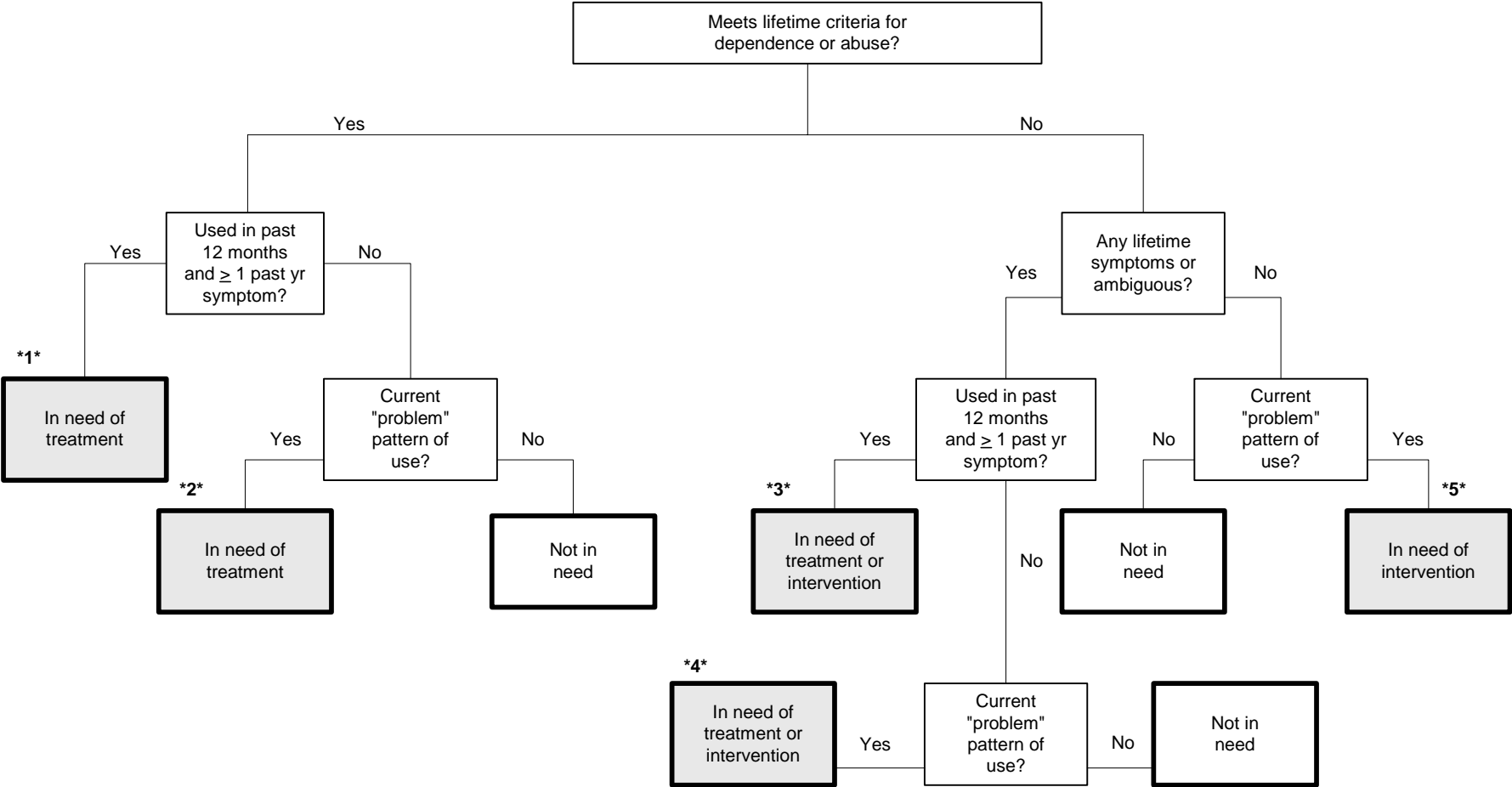
As for substance dependence, for a person to meet the diagnostic criteria for abuse, some of these symptoms need to have persisted for at least 1 month or to have occurred repeatedly for an extended period of time.

Figure C.1 shows how treatment need could be determined based on the DSM-III-R (1987) diagnostic criteria and other factors. The box labeled *1* consists of people who

- met lifetime DSM-III-R (1987) dependence or abuse criteria for alcohol or another drug, as described above;
- used the substance of interest in the past 12 months; and
- had one or more symptoms of dependence or abuse in the past 12 months.

As noted in Figure C.1, people who met these conditions would be considered in need of treatment services in the past 12 months (McAuliffe et al., 1995). Stated another way, people who met the conditions for Box *1* (a) have had a significant lifetime history of substance abuse problems, (b) have recently used the substance that caused them problems, and (c) have had one or more recent problems related to their continued use of that substance.

Figure C.1 Criteria for Determining Need for Treatment or Intervention



Source: Maine Household Telephone Survey: 1996.

As noted above, box *1* is comprised of two groups of people: those who are considered to be in need of treatment due to the occurrence of

- symptoms of dependence, or
- symptoms of abuse.

People who are considered to be in need of treatment due to *dependence* are those who (a) met lifetime DSM-III-R (1987) criteria for dependence on a given substance, (b) used that substance in the past 12 months, and (c) reported that one or more symptoms of dependence on that substance also occurred in the past 12 months. People who are considered to be in need of treatment due to *abuse* are those who (a) never met lifetime DSM-III-R (1987) criteria for dependence on a given substance, but met lifetime DSM-III-R (1987) criteria for abuse of that substance, (b) used the substance in the past 12 months, and (c) reported that one or more symptoms of abuse for that substance also occurred in the past 12 months.

Problem Patterns of Use

However, sole reliance on symptoms of dependence or abuse for establishing treatment need in Maine could be too stringent and might miss a group of people in need of treatment. Some people who might have a lifetime history of dependence or abuse might deny the existence of recent problems (i.e., problems in the past 12 months), even though they might be exhibiting patterns of frequent or heavy substance use that would be considered problematic. For example, consumption of eight or more drinks of an alcoholic beverage in a single day¹ would probably be indicative of "problem" alcohol use, even if a person denied that this level of heavy consumption was causing any current problems.

Box *2* in Figure C.1 consists of people who

- met lifetime DSM-III-R (1987) dependence or abuse criteria for alcohol or another drug, as described above, and
- exhibited a "problem" pattern of use in the past 12 months, as described below.

As with people meeting the definitions for box *1*, people who had a lifetime diagnosis of dependence or abuse would be considered in need of treatment services if they reported a current "problem" pattern of substance use—even if they denied that such use was causing them problems. That is, a current "problem" pattern of consumption in conjunction with a lifetime history of dependence or abuse would suggest relapse and the need for treatment.

People were defined as having a current "problem" pattern of alcohol use if they indicated any of the following:

- an extended period (i.e., 2 or more days) of heavy drinking without sobering up in the past 12 months;

¹Consumption of eight or more drinks in a single day would be equivalent to consumption of more than a six-pack of beer, more than a bottle of wine, or about ¾ pint of liquor.

- consumption of eight or more drinks in a 24-hour period (six or more drinks for women)² at least once in the past 12 months;
- consumption of five or more drinks in a 24-hour period (four or more drinks for women) at least once a week in the past 12 months;
- consumption of five or more drinks in a 24-hour period on 4 or more days in the past month; or
- for women, typical consumption of four or more drinks in a 24-hour period on 4 or more days in the past month.³

A report of any of these behaviors would indicate some considerable consumption of alcohol in the past 12 months, either on a regular or an episodic basis.

For drugs other than alcohol, people were defined as having a current "problem" pattern of use in the past 12 months if they indicated

- use of marijuana at least once a week,
- use of hallucinogens at least once a week,
- any use of cocaine (including "crack" cocaine), or
- any use of heroin or other opiates.

Use of cocaine or heroin in the past 12 months was considered to be a "problem" pattern because of the highly addictive potential of these drugs once a person has tried them. For the other drugs, weekly use suggests "hard-core" use that may be more likely to be associated with dependence on these drugs.

Need for Intervention

Some substance users who have never met the criteria for a lifetime diagnosis of dependence or abuse (or who had an "ambiguous" diagnosis⁴) may also be in need of treatment, or they may be in need of some type of less intensive intervention, short of treatment in a formal treatment program. For example, a medical or mental health professional might counsel a heavy alcohol user about the potential adverse effects of continued heavy use and offer assistance in moderating or curtailing use. In addition,

²Women who had eight or more drinks in a 24-hour period would also meet the "six or more drinks" criterion.

³The questionnaire (see Appendix A) did not ask how often respondents had four or more drinks in a 24-hour period in the past month. However, the questionnaire did ask how many drinks respondents usually had in the past month and on how many days they drank in the past month.

⁴Consistent with McAuliffe et al. (1995), information about substance dependence was considered to be "ambiguous" if the respondent did not meet lifetime diagnostic criteria for dependence but (a) the respondent refused to answer or answered "don't know" to some of the questions needed to establish whether he or she met lifetime diagnostic criteria for dependence, and (b) the respondent would have otherwise met diagnostic criteria for dependence if he or she had answered "yes" to these questions, instead of refusing or answering "don't know."

estimates of the size of the Maine population in need of some form of intervention provide a broader picture of the population at risk for substance-related problems.

Box *3* in Figure C.1 consists of people who

- never met lifetime DSM-III-R (1987) dependence or abuse criteria for alcohol or another drug, as described above;

but who

- had one or more lifetime symptoms of dependence or abuse, short of an actual diagnosis of dependence or abuse;
- had one or more symptoms of dependence or abuse for a given drug in the past 12 months; and
- used that particular drug in the past 12 months.

People who meet the definitions for box *3* would be considered in need of some form of intervention, and some of these people could even be in need of treatment. For example, a person who was arrested for OUI in the past 12 months might not have had enough of a history of alcohol problems to "qualify" for a full diagnosis of alcohol dependence in his or her lifetime. Nevertheless, this would be an example of someone in need of at least some form of intervention to prevent his or her problems with alcohol from worsening.

Box *4* in Figure C.1 consists of people who

- never met lifetime DSM-III-R (1987) dependence or abuse criteria for alcohol or another drug, as described above;
- did not report any symptoms of dependence or abuse for a given drug in the past 12 months;

but who

- had one or more lifetime symptoms of dependence or abuse, short of an actual diagnosis of dependence or abuse; and
- reported a "problem" pattern of use, as described above.

As with box *3*, people who met the definitions for box *4* would be considered in need of at least some form of intervention. For example, a person who reported weekly use of marijuana in the past year might also report that he or she had one or more lifetime problems with marijuana, but that these problems occurred more than a year ago. However, a current pattern of weekly marijuana use might put this person at high risk for new problems.

Finally, box *5* in Figure C.1 consists of people who

- never had any symptoms of dependence or abuse in their lifetime,

but who

- reported a "problem" pattern of use, as described above.

As with boxes *3* and *4*, people meeting the definitions for box *5* would be considered in need of at least some form of intervention. For example, a person might deny that drinking has ever caused problems in his or her life, but may report a pattern of heavy alcohol use that would nevertheless suggest a potential problem with alcohol.

Summary of Definitions

In summary, Maine residents who met the criteria for boxes *1* or *2* in Figure C.1 were defined as being in need of *treatment*. Those who met the criteria for boxes *1* through *5* in Figure C.1 were defined as being in need of *treatment or intervention*.

That is, those who met the criteria for boxes *1* through *5* can be considered at a minimum to need some form of intervention in the past 12 months because they experienced past year problems related to their substance use, or they engaged in patterns of substance use that suggest impaired functioning. Those who met the narrower treatment need criteria for boxes *1* or *2* were specifically in need of substance abuse treatment services.

Appendix D

Explanation of Weights

D. Explanation of Weights

Adjusted Weights for Questionnaire Respondents

Adjusted weights suitable for analysis of data available for the 448 eligibles who completed the 2000 Maine TANF questionnaire were computed using weighting class methods. The objective was to divide the 1,086 sample eligibles into weighting classes so that those within each weighting class were as similar as possible, based on the available information about them. The weighting classes were constructed based on the three areas and five pre-defined age groups (18-24, 25-29, 30-35, 36-44, and 45+). Race was considered in defining weighting classes, but a very high percentage of the sample members were white, making the use of race to define weighting classes impractical.

A minimum of 20 responding persons per area by age group cell were used in constructing the weighting classes to control the variability of the adjusted weights. A total of 15 initial weighting classes (three areas by five age groups) were used as weighting classes for weight determination. Then for areas 1 and 2, the cells for the oldest age group were collapsed with the next oldest group. That is, subjects in area 1 who were 45 years old or older were collapsed with subjects in area 1 who were 36 to 44 years old. Similarly, subjects in area 2 who were 45 or older were collapsed with subjects in area 2 who were 36 to 44 years old. This collapsing was done due to the small cell counts of 8 and 12 in the cells representing the 45-year-old or older subjects in those areas. This collapsing yielded a final total of 13 weight classes.

The adjusted weights for the 448 questionnaire respondents, were computed as follows:

$$WTADJ(i,j) = WT(i,j) * S(i) / R(i),$$

where

$WT(i,j)$ = basic weight for subject- j of weighting class- i ,

$S(i)$ = sum of the basic weights for all subjects in weighting class- i , and

$R(i)$ = sum of the basic weights for all questionnaire respondents in weighting class- i .

The result of this adjustment was that the sum of the adjusted weights equaled the population size for that weight class. The adjusted weights for all nonrespondents were set to zero.

Appendix E
Area-Level Tables

Table E.1 Demographic Characteristics of Adult Female Respondents to the 2000 Survey of Maine TANF Recipients, by Area

Demographic Characteristic	Cumberland County		Knox, Waldo, & Lincoln Counties (Greater Rockland)		Penobscot County (Excluding Bangor & Brewer)	
	Sample Number	Weighted Percent	Sample Number	Weighted Percent	Sample Number	Weighted Percent
Total	139	100%	142	100%	167	100%
Age in Years						
18-24	31	19.6	24	19.7	28	20.1
25-44	100	75.3	106	71.8	117	71.0
45-64	8	5.1	12	8.5	22	8.9
Race/Ethnicity						
Nonwhite	11	7.9	8	5.4	5	2.8
White	128	92.1	134	94.6	162	97.2
Marital Status						
Single ¹	99	70.3	91	64.2	91	54.6
Married	21	15.9	31	21.9	33	18.8
Living as married	19	13.9	20	13.9	43	26.6
Education						
Less than high school	36	26.1	28	20.3	26	15.6
High school	56	39.9	88	61.7	82	49.5
Some college or higher	47	34.0	26	18.0	59	35.0
Current Employment						
Full-time	23	16.5	25	17.8	24	14.8
Part-time ²	35	25.3	36	25.0	47	28.5
Unemployed ³	81	58.2	81	57.2	96	56.7

¹Includes never married, widowed, divorced, and separated women.

²Includes part-time employed and employed but on leave.

³Includes retired, disabled, homemaker, student and "other" for household survey; includes students, volunteer in work situation and unemployed for TANF recipients.

Source: 2000 Survey of Maine TANF Recipients conducted by RTI, Research Triangle Park, NC.

Table E.2 Tobacco Use Among Adult Female Respondents to the 2000 Survey of Maine TANF Recipients, by Area

Demographic Characteristic	Cumberland County		Knox, Waldo, & Lincoln Counties (Greater Rockland)		Penobscot County (Excluding Bangor & Brewer)	
	Sample Number	Weighted Percent	Sample Number	Weighted Percent	Sample Number	Weighted Percent
Total	139	100%	142	100%	167	100%
Currently smokes	93	66.6	90	63.7	104	62.6
< ½ pack/day	9	6.3	4	2.7	8	5.1
About ½ pack/day	28	19.4	27	19.1	26	16.3
About 1 pack/day	37	26.6	44	31.4	43	26.1
> 1 pack/day	19	14.3	15	10.5	27	15.1

Note: The responses for Maine Household survey question asks whether the respondent “smokes cigarettes now” whereas the Maine TANF recipient survey asks whether the respondent “smoked cigarettes, cigars or cigarillos in the past 30 days.”

Source: 2000 Survey of Maine TANF Recipients conducted by RTI, Research Triangle Park, NC.

Table E.3 Prevalence of Use and Estimated Numbers of Users of Alcohol and Illicit Drugs Among Adult Female Respondents to the 2000 Survey of Maine TANF Recipients, by Area

Alcohol and Drug Use	Cumberland County			Knox, Waldo, & Lincoln Counties (Greater Rockland)			Penobscot County (Excluding Bangor & Brewer)		
	Percentage	Number	95% CI	Percentage	Number	95% CI	Percentage	Number	95% CI
<u>Lifetime</u>									
Any Core Illicit Drug Use²	57.6	994	850 - 1,131	59.9	457	394 - 516	35.7	374	301 - 455
Marijuana/hashish	56.3	972	828 - 1,110	59.2	451	388 - 510	34.1	357	285 - 438
Hallucinogens	23.1	398	288 - 534	9.5	72	42 - 119	6.6	70	39 - 121
Cocaine	20.6	355	253 - 485	17.9	136	95 - 191	9.5	99	61 - 156
Heroin/opiates	6.1	106	55 - 200	3.6	28	11 - 64	2.1	22	8 - 61
Any Core Illicit Drug Use, Excluding Marijuana³	27.1	467	350 - 606	21.0	160	115 - 218	13.1	138	92 - 201
<u>Past Year</u>									
Alcohol Use	61.7	1,064	920 - 1,198	59.2	451	388 - 511	58.2	610	530 - 686
Heavy alcohol use ¹	13.4	231	149 - 349	21.8	166	120 - 225	13.2	139	92 - 204
Any Core Illicit Drug Use²	22.9	395	287 - 528	17.1	130	89 - 185	13.3	139	93 - 204
Marijuana/hashish	22.3	384	278 - 516	15.6	119	79 - 172	12.3	129	85 - 193
Hallucinogens	0.7	13	2 - 87	0.8	6	1 - 43	0.6	6	1 - 43
Cocaine	2.6	45	16 - 122	0.7	5	1 - 37	0.6	6	1 - 43
Heroin/opiates	2.0	35	11 - 108	**	**	**	0.4	4	0 - 44
Any Core Illicit Drug Use, Excluding Marijuana³	2.6	45	16 - 122	1.5	12	3 - 46	1.5	16	5 - 53

(continued)

Table E.3 (continued)

Alcohol and Drug Use	Cumberland County			Knox, Waldo, & Lincoln Counties (Greater Rockland)			Penobscot County (Excluding Bangor & Brewer)		
	Percentage	Number	95% CI	Percentage	Number	95% CI	Percentage	Number	95% CI
<u>Past Month</u>									
Alcohol Use	34.9	602	470 - 748	29.8	227	173 - 289	29.6	310	242 - 389
Heavy alcohol use ¹	6.8	117	62 - 213	2.9	22	8 - 57	4.2	44	21 - 90
Any Core Illicit Drug Use²	11.0	190	117 - 300	5.7	43	22 - 84	6.5	68	38 - 119
Marijuana/hashish	10.4	179	109 - 287	5.7	43	22 - 84	6.5	68	38 - 119
Hallucinogens	**	**	**	**	**	**	**	**	**
Cocaine	1.3	22	5 - 93	**	**	**	**	**	**
Heroin/opiates	0.6	11	1 - 85	**	**	**	**	**	**
Any Core Illicit Drug Use, Excluding Marijuana³	1.3	22	5 - 93	**	**	**	**	**	**

Note: Based on weighted data.

** Estimates equal to zero.

¹For the past year, defined as weekly consumption of four or more drinks in a 24-hour period. For the past month, defined as consumption of four or more drinks on 4 or more days for women.

²Use of marijuana or hashish, hallucinogens, cocaine (including crack), or heroin/opiates at least once.

³Use of hallucinogens, cocaine (including crack), or heroin/opiates at least once.

Source: 2000 Survey of Maine TANF Recipients conducted by RTI, Research Triangle Park, NC.

Table E.4 Percentages Reporting Substance Use Problems in Their Lifetime and the Past Year Among Adult Female Respondents to the 2000 Survey of Maine TANF Recipients, by Area

Substance Use Problem	Alcohol		Any Core Illicit Drug ¹		Alcohol or Any Core Illicit Drug	
	Lifetime	Past Year	Lifetime	Past Year	Lifetime	Past Year
<u>Cumberland County</u>						
Used larger amounts or for longer periods than intended	23.8	10.3	13.8	4.3	30.9	13.2
Use in hazardous situations	19.2	3.0	5.8	2.6	22.3	4.9
Interference with work, school, or household responsibilities	15.9	1.4	12.3	4.2	24.0	4.9
Had withdrawal symptoms	18.1	**	10.5	4.3	24.3	4.3
Great deal of time using/getting over effects	18.0	2.3	12.6	4.3	22.2	5.9
Developed tolerance	16.8	3.1	8.9	3.2	22.9	6.2
Unsuccessful attempts to quit, cut down, or control	16.4	6.2	6.8	3.6	20.6	9.0
Continued use despite emotional problems	12.8	4.4	10.1	5.9	20.9	9.6
Used to prevent or relieve withdrawal symptoms	12.0	3.0	5.8	2.6	15.9	5.6
Continued use despite health problems	10.6	5.7	2.6	1.4	11.2	6.3
Given up/reduced important activities	10.6	0.7	7.1	1.4	15.4	1.4
Dependence²	19.5	7.7	10.5	4.6	24.9	10.9
Abuse³	2.2	1.3	0.6	0.6	1.9	1.9
<u>Knox, Waldo, & Lincoln Counties (Greater Rockland)</u>						
Used larger amounts or for longer periods than intended	21.4	4.9	5.5	1.3	22.8	4.9
Use in hazardous situations	13.1	2.1	2.7	**	13.8	2.1
Interference with work, school, or household responsibilities	15.7	0.7	5.7	2.0	17.9	2.0
Had withdrawal symptoms	14.0	**	4.9	1.3	15.5	1.3
Great deal of time using/getting over effects	11.9	1.3	5.0	1.5	14.3	2.2
Developed tolerance	11.2	0.7	4.9	1.3	14.7	2.1
Unsuccessful attempts to quit, cut down, or control	9.0	2.7	4.9	1.3	10.5	2.7
Continued use despite emotional problems	7.0	2.0	2.2	0.8	8.5	2.9
Used to prevent or relieve withdrawal symptoms	10.6	2.9	2.0	1.3	10.6	3.5

See notes at end of table.

(continued)

Table E.4 (continued)

Substance Use Problem	Alcohol		Any Core Illicit Drug ¹		Alcohol or Any Core Illicit Drug	
	Lifetime	Past Year	Lifetime	Past Year	Lifetime	Past Year
Continued use despite health problems	7.1	2.1	**	**	7.1	2.1
Given up/reduced important activities	6.2	1.3	2.9	**	7.7	1.3
Dependence²	12.6	2.7	4.9	1.3	14.8	3.4
Abuse³	4.2	**	**	**	4.2	**
<u>Penobscot County (Excluding Bangor & Brewer)</u>						
Used larger amounts or for longer periods than intended	22.6	5.5	5.9	0.6	24.4	5.5
Use in hazardous situations	14.6	1.7	4.5	0.6	16.9	2.3
Interference with work, school or household responsibilities	16.3	1.2	7.1	1.3	18.7	2.5
Had withdrawal symptoms	13.4	**	7.6	1.2	16.3	1.2
Great deal of time using/getting over effects	14.2	1.2	5.4	1.2	16.1	2.3
Developed tolerance	11.4	1.2	4.0	**	13.1	1.2
Unsuccessful attempts to quit, cut down, or control	11.5	1.2	3.9	1.2	13.8	2.3
Continued use despite emotional problems	10.5	1.2	3.9	1.2	12.2	2.3
Used to prevent or relieve withdrawal symptoms	8.7	1.2	2.8	0.6	9.8	1.7
Continued use despite health problems	7.8	1.2	2.2	0.6	10.0	1.8
Given up/reduced important activities	6.9	0.6	3.4	0.6	9.3	1.2
Dependence²	18.1	2.5	5.7	1.7	19.9	4.2
Abuse³	1.1	0.6	0.7	**	1.3	**

Note: Based on weighted data.

**Estimates equal to zero.

¹Use of marijuana or hashish, hallucinogens, cocaine (including crack), or heroin/opiates.

²For lifetime, as diagnosed by the DSM-III-R (1987), experienced three or more of the mentioned problems and experienced some of these problems for a month or more on a number of occasions. For past year, met the lifetime DSM-III-R (1987) criteria for dependence on a given drug, used the drug in the past 12 months, and had one or more symptoms of dependence on that drug in the past 12 months.

³For lifetime, as diagnosed by the DSM-III-R (1987), never had a lifetime diagnosis of dependence, and continued to use a drug despite adverse consequences, or used in hazardous situations. For past year, met lifetime DSM-III-R (1987) criteria for abuse of given drug, used that drug in the past 12 months, and had one or more symptoms of abuse for that drug in the past 12 months.

Source: 2000 Survey of Maine TANF Recipients conducted by RTI, Research Triangle Park, NC.

Table E.5 Percentages and Estimated Numbers of Adult Female Respondents to the 2000 Survey of Maine TANF Recipients in Need of Alcohol or Illicit Drug Use Treatment or Intervention in the Prior Year, by Area

Measure	Cumberland County			Knox, Waldo, & Lincoln Counties (Greater Rockland)			Penobscot County (Excluding Bangor & Brewer)		
	Percent	Number	95% CI	Percent	Number	95% CI	Percent	Number	95% CI
Any Need for Treatment¹									
Alcohol	13.6	235	151 - 354	5.6	43	22 - 83	8.6	90	53 - 148
Any core illicit drug ²	6.6	115	61 - 210	1.3	10	2 - 41	1.7	18	6 - 56
Alcohol or illicit drugs	19.0	328	229 - 457	7.0	53	29 - 96	9.7	102	63 - 162
Need for Treatment Due to Dependence									
Alcohol	7.7	133	72 - 239	2.7	21	8 - 54	2.5	26	10 - 68
Any core illicit drug ²	4.6	80	37 - 167	1.3	10	2 - 41	1.7	18	6 - 56
Alcohol or illicit drugs	10.9	188	114 - 302	3.4	26	11 - 61	4.2	44	21 - 90
Need for Treatment Due to Abuse									
Alcohol	1.3	22	5 - 93	**	**	**	0.6	6	1 - 43
Any core illicit drug ²	0.6	11	1 - 85	**	**	**	**	**	**
Alcohol or illicit drugs	1.9	33	10 - 106	**	**	**	**	**	**
In Need of Treatment or Intervention³									
Alcohol	24.7	426	314 - 561	14.8	113	75 - 166	19.9	209	151 - 281
Any core illicit drug ²	13.0	224	144 - 339	6.4	49	25 - 91	4.4	46	22 - 92
Alcohol or illicit drugs	35.1	605	476 - 748	19.8	151	106 - 208	24.7	259	196 - 335

Note: Based on weighted data.

¹Includes people who received treatment in the past 12 months and people who exhibited a current "problem" pattern of substance use, in addition to people needing treatment due to dependence or abuse.

²Marijuana or hashish, hallucinogens, cocaine (including crack), or heroin/opiates.

³Includes the "any need for treatment" group.

Source: 2000 Survey of Maine TANF Recipients conducted by RTI, Research Triangle Park, NC.

Table E.6 Percentages and Estimated Numbers of Adult Female Respondents to the 2000 Survey of Maine TANF Recipients with a History of Alcohol or Drug Treatment in the Prior Year, by Area

Measure ¹	Cumberland County			Knox, Waldo, & Lincoln Counties (Greater Rockland)			Penobscot County (Excluding Bangor & Brewer)		
	Percent	Number	95% CI	Percent	Number	95% CI	Percent	Number	95% CI
Any Treatment²	5.5	95	47 - 186	2.7	21	8 - 55	1.2	12	3 - 49
Detoxification	3.0	51	19 - 135	0.7	5	1 - 37	0.6	6	1 - 43
Residential treatment	0.7	13	2 - 87	0.7	5	1 - 37	**	**	**
Halfway house	0.7	13	2 - 87	**	**	**	**	**	**
Outpatient treatment	5.5	95	47 - 186	2.7	21	8 - 55	1.2	12	3 - 49
Other Forms of Assistance³	12.2	211	133 - 325	5.5	42	21 - 82	4.8	50	25 - 98
Mental health counseling	7.4	128	69 - 232	4.1	31	14 - 68	2.4	25	9 - 65
Self-help groups	7.8	134	74 - 234	2.8	21	8 - 55	3.0	32	13 - 75
Pastoral counseling	9.4	161	95 - 267	2.8	21	8 - 55	1.8	19	6 - 59
OUI programs	1.0	17	2 - 113	0.7	5	1 - 37	**	**	**
Any Treatment or Other Assistance⁴	12.2	211	133 - 325	5.5	42	21 - 82	4.8	50	25 - 98

Note: Based on weighted data.

** Estimates equal to zero.

¹Questions about treatment were not asked of respondents who were lifetime abstainers of alcohol or other drugs.

²Includes detoxification, residential treatment, halfway house services, or outpatient treatment.

³Includes substance abuse counseling through a mental health provider, attendance at self-help groups, receipt of pastoral counseling for substance abuse, or participation in programs for people arrested or convicted of operating a vehicle under the influence (OUI).

⁴Any treatment or other assistance as defined in footnotes 2 and 3, respectively.

Source: 2000 Survey of Maine TANF Recipients conducted by RTI, Research Triangle Park, NC.